



Caribbean Region
Operational Plan Report
FY 2010



Operating Unit Overview

OU Executive Summary

A. State of the HIV/AIDS epidemic in the Caribbean region

The Caribbean continues to be more heavily affected by HIV than any region outside sub-Saharan Africa, with the second highest regional level of adult HIV prevalence (1.0 percent).¹ The AIDS epidemic is the leading cause of death among Caribbean adults 25 to 44 years of age and has orphaned approximately 250,000 Caribbean children.² In 2007, some 14,000 Caribbean nationals died of AIDS, and an estimated 20,000 people were newly infected with HIV. An estimated 234,000 people were living with HIV, with three quarters of those infected living in the Dominican Republic and Haiti.³ The HIV epidemic is shifting to younger populations, increasingly affecting the most productive segments of society; the epidemic may begin to significantly impact national economies.⁴ There are different gender patterns across the region. For example, in 2007, HIV prevalence in young males 15 - 24 years of age in the Bahamas, Barbados, and Jamaica was twice as high as prevalence in the corresponding female cohort. The opposite was true in Trinidad and Tobago, where HIV prevalence in young females 15 - 24 years of age was at least twice as high as prevalence in the corresponding male cohort.⁵

In many countries, national prevalence rates mask alarmingly higher prevalence among persons engaging in high risk, often highly stigmatized behaviors. Although prevalence studies have not been conducted among men who have sex with men (MSM) and sex worker (CSW) populations in the Organization of Eastern Caribbean States (OECS), HIV prevalence among prisoners in six OECS countries ranged from two to four percent in 2004 and 2005.⁶ Mobile and migrant populations as well as sexually transmitted infections (STI) clinic attendees represent vulnerable groups with higher HIV prevalence relative to the general population. It is still difficult to determine risk categories in some cases; according to UNAIDS, approximately 17 percent of AIDS cases reported in the Caribbean have no assigned risk category. Since many cases are officially reported long after the diagnosed individual has died, it is often difficult or impossible to carry out epidemiological investigations.

The primary mode of HIV transmission in the Caribbean among cases where mode of transmission is known is through unprotected sexual intercourse. Persons selling and buying sex and persons engaging in other forms of transactional sex – including tourists – are key drivers of the Caribbean HIV epidemic.⁷ However, sex between men, although generally underreported and under-recognized, is also a significant factor in several national epidemics.⁸ Crack cocaine use is emerging as a driver of HIV infection, with women crack users at particular risk through unprotected sex.⁹ In contrast, injection drug use (DU) is rare

¹ <http://www.unaids.org/en/CountryResponses/Regions/Caribbean.asp>, accessed 21 Dec. 2009

² USAID Caribbean HIV/AIDS Health Profile, February 2008, p.4

³ UNAIDS Fact Sheet: Key facts by region—2007 AIDS Epidemic Update, p.2 (Caribbean)

⁴ PANCAP, Caribbean Strategic Framework on HIV and AIDS (2008-2012), pgs. 9-15

⁵ UNAIDS/WHO, 2008 Report on the Global AIDS Epidemic, July 2008, p. 234

⁶ CAREC & PAHO (2007), The Caribbean HIV/AIDS Epidemic and the Situation in Member Countries of the Caribbean Epidemiology Centre (CAREC), February 2007.

OECS (2007), Behavioural and Surveillance Survey in Six Countries of the Organisation of Eastern Caribbean States (OECS) 2005-2007.

⁷ CAREC/PAHO, The Caribbean HIV/AIDS Epidemic and the Situation in Member Countries of the Caribbean Epidemiology Centre (CAREC), February 2007

⁸ UNAIDS/WHO, 2008 Report on the Global AIDS Epidemic, July 2008

⁹ Day, M. Cocaine and the Risk of HIV Infection in Saint Lucia, October 2007, The Caribbean Drug Abuse Research Institute (CDARI) Press



in the Caribbean and is responsible for only a small minority of the region's HIV infections.¹⁰ Risk of HIV infection is also closely intertwined with poverty which remains as high as 15 to 30 percent in some Caribbean countries. Individuals living in poverty are often more likely to engage in high-risk behaviors associated with higher rates of HIV infection.

During the period 1982-2005, the accumulated total of 31,226 AIDS cases were reported to the Caribbean Epidemiology Center (CAREC) from its member countries.¹¹ The distribution of the proportion of the total AIDS cases in CAREC member countries shows that the majority of the AIDS cases are found in Jamaica, Trinidad and Tobago, and the Bahamas. Despite generally lower infection rates in the region, women now represent about 45 percent of the regional reported AIDS cases, perhaps due to nearly universal antenatal HIV testing of pregnant women. Given the economic and environmental vulnerabilities of the small island nations of the eastern Caribbean, the high degree of inter-island mobility, and social factors, activities to control the HIV/AIDS epidemic must be specifically tailored to meet unique country needs, while at the same time addressing HIV/AIDS as a regional problem.

B. Supporting Country Ownership and Sustainability

The Regional Operational Plan (ROP) is linked to the PFIP that was developed in close consultation with the country and regional partners to address the fight against HIV/AIDS in the Caribbean region. The ROP activities listed in the Technical Area Narratives and Implementing Mechanisms were prioritized with national and regional partners, in the context of the Partnership Framework. In-country consultations were conducted by teams of USG personnel with all 12 signatory countries and with the two regional agencies, PANCAP and OECS. Throughout October, November, and early December of 2009, the USG consulted with all relevant partners to determine how best to implement activities to achieve the Framework goals and objectives. Following these meetings the technical (goal area) teams summarized the information, prioritized the country activities, and determined budget estimates for the respective program area. The development of the FY 2010 U.S. Caribbean Partnership Framework Regional Operational Plan is the result of these consultations and meetings of USG agencies with our Caribbean counterparts.

The USG will contribute to an effective sustainable response to the HIV/AIDS epidemic in the Caribbean region. Our approach will continue to engage regional partners to foster increased capacity building and strengthening of regional institutions. However, the USG has learned that working with regional organizations alone will not be sufficient to close the serious gaps that remain in the Caribbean's response to its epidemic in such important areas as prevention and control of HIV infection, improved epidemiology and surveillance, and decreasing acute stigma and discrimination against persons infected with HIV. An effective response to the HIV epidemic also depends on the commitment, capacity and leadership of national authorities. A successful strategy must include direct engagement of the government in each Caribbean nation where the USG is working, as success at the Caribbean regional level is contingent upon success of national level HIV/AIDS programs. We will work closely with the Ministries of Health and National AIDS Commissions of Barbados, Trinidad and Tobago, Jamaica, the Bahamas, Belize, Suriname, and the Eastern Caribbean Islands of Antigua and Barbuda, Dominica, St. Lucia, St. Vincent and the Grenadines, Grenada, and St. Kitts and Nevis. Given the diversity of the HIV epidemic in the region, national strategies vary from country to country, and require tailored, targeted approaches to ensure the best use of limited resources for a successful comprehensive response, both nationally and at the regional level.

The Operational Plan, like the PFIP, takes a country-centered approach, recognizing that sustainable,

¹⁰ See footnote 4

¹¹ CAREC Morbidity Review AIDS and HIV, 2006



comprehensive and country-driven HIV programs are essential to overall regional success in reducing the spread and impact of HIV. Through the country consultation process and review of the National Strategic Plans (NSPs) of the partner countries, the PFIP is aligned with the same program goal areas as our partners. The focus of this Technical Assistance (TA) program model is to expand partner countries' capacity to plan, oversee, finance, and manage their national response to HIV and AIDS and to deliver quality services with the participation of local civil society, groups of persons living with HIV/AIDS (PLWHA) and the private sector. Support to national public health programs and to non-government organizations in the region will focus on improving collaboration at the national level and with regional programs, and increasing technical capacity to implement and manage effective HIV programs, allowing for results-based resource mobilization. All ROP planning is closely coordinated with the PANCAP activities funded by the GFATM and supports collaboration in the areas of policy reform, monitoring and evaluation, human resources for health and health finance reform, among other areas.

C. U.S. Caribbean Regional Partnership Framework Goal Areas

In order to align the ROP activities with the PFIP, the Caribbean Team grouped under the goal areas of Prevention, Strategic Information, Laboratory Strengthening, and Health Systems Strengthening. The ROP presents the goal areas by Technical Area Narrative (TAN) followed by Implementing Mechanisms (IMS) and budget codes as listed in brackets below.

I. Prevention (HVOP, HVAB, HBHC, MTCT, HBML, HVCT)

The USG Prevention Strategy for the next five years in the Caribbean region will contribute to the Caribbean Regional Strategic Framework goal of reducing the estimated number of new HIV infections by 25% by 2014. The USG will do this through a combination of technical assistance, capacity building and financial support to develop the capacity of regional and national entities to plan, implement, and evaluate evidence-based, comprehensive HIV prevention programs targeting MARPs. This will include evidence-based prevention activities of a "combination" prevention strategy that integrate biomedical, behavioral and structural elements.

The USG will build the capacity of local, national, and regional bodies to implement a range of *behavioral* prevention interventions. USG will provide technical assistance centered on providing a minimum package of services for MARPs, including community behavior change activities, peer education counseling, community-based prevention with positives, targeted social marketing, condom distribution and promotion, and promotion of counseling and testing services. A follow-on award to the successful EC-CAP program targeting most at-risk populations will be supported. This program, currently active in four small countries of the Eastern Caribbean, will be scaled up to the rest of the Eastern Caribbean, and in collaboration with CDC, will also target the larger countries of Trinidad and Tobago, Suriname, and Bahamas. The feasibility/applicability of the Evidence-Based Interventions (EBIs) in the Caribbean region will be conducted and implementation of programs will follow as appropriate. In close collaboration with national military authorities, expansion of community and interpersonal communication activities, condom distribution and promotion, as well as in-service trainings and strategic information activities with uniformed services will be supported. Community events and interpersonal communication activities, with a focus on at-risk youth, men and boys will continue in some countries. National and regional partners will develop the technical skills of their staff in all required aspects of prevention care and treatment for HIV. Finally, implementing agencies, such as PANCAP, will implement advocacy activities that promote the rights of MARPs.

The USG will support biomedical interventions such as screening and treatment of STIs, with continued support to expanding access to counseling and testing programs in integrated primary care settings, communities and through mobile health services. Structural interventions will include reduction of stigma and discrimination, self-help empowerment efforts, creating enabling environments for access to services



for MARPs, and policy reform to overcome barriers to service provision for MARPs.

II. Strategic Information (HVSII)

The Strategic Information goal is to improve the capacity of Caribbean national governments and regional organizations to increase the availability and use of quality, timely HIV/AIDS data to better characterize the epidemic and support evidence based decision-making for improved programs, policies, and health services. Epidemiology and surveillance activities will be specifically targeted to gather accurate and reliable information on the number of individuals infected with HIV. There is currently an insufficient information base for planning and decision making. Incidence of HIV in high risk groups for each country needs to be determined in order to effectively plan for targeted interventions and identify emerging issues in key populations. In country technical assistance will be provided directly to the Ministries of Health for the collection of strategic information.

Surveys and surveillance will be specifically targeted to gather accurate and reliable information on the number of individuals infected with HIV. Behavioral surveys will be conducted to collect data for targeted interventions and programs. In efforts to build long-term sustainable capacity, we will provide training and support for epidemiology, and monitoring and evaluation activities. In partnership with the Pan American Health Organization (PAHO) and the Caribbean Epidemiology Centre (CAREC), we will begin developing a regional database of strategic information collected at the community and country level which can be centrally accessed by all countries in the region. This will have long-term sustainable impact to strengthen and improve the quality of data and data collection systems, as well as, strengthen the overall capacity for surveillance in the Caribbean.

III. Laboratory Strengthening (HLAB)

The goal of strengthening laboratories is to increase the capacity of Caribbean national governments and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV/AIDS and related sexually transmitted and OIs, including TB, under a regional network of tiered laboratory services. Recent laboratory needs assessment indicate that laboratory services, systems and infrastructure needed to support planned Framework activities are still very weak throughout countries within the Caribbean region with various populations lacking access to timely, low cost, and high quality laboratory services. Several laboratories within the region do not have capacities for confirmatory HIV, TB and other opportunistic infections (OI) diagnostic services. Key HIV/AIDS clinical laboratory monitoring services such as CD4, clinical chemistry and hematology testing are weak and molecular testing for viral load and drug resistance are completely absent in the majority of the islands. There is overall deficiency of testing staff knowledge on laboratory Quality Management System (QMS) that incorporates aspects of Good Clinical Laboratory Practices (GCLP), Quality Assurance (QA), safety, and Laboratory Informatics System (LIS); these coupled with the absence of Laboratory Strategic Plans and Policies have resulted in laboratories within the region not successfully completing their accreditation processes.

The USG will support countries within the region by offering in-country training on HIV-rapid testing using the recently developed CDC VCT MARPs. The USG will support the purchase of CD-4 machines for the OECS countries and Jamaica. In collaboration with PAHO and the Clinton Foundation the USG will support strengthening the national health information systems of both customized paper and electronic based laboratory information systems. Grouping the laboratories in the form of a single reference referral laboratory with HIV molecular biology capability will help to facilitate many aspects of the testing process. In addition to providing lab equipment, the USG will support construction of some laboratory facilities including the reference laboratory for the OECS in Barbados.

IV. Health Systems Strengthening (HCD and Sustainability, OHSS) HBHC, HTXS, OHSS

The two Partnership Framework goal areas of Human Capacity Development and Sustainability will be combined under the heading of Health System Strengthening in the PFIP and will include activities in



three technical areas: Adult Care and Support, Adult Treatment, and Health Systems Strengthening. Overall, the ROP plans to leverage the expertise and resources of the country and regional partners to improve or supplement existing HIV/AIDS initiatives and assist governments in the integration of services, financing their HIV/AIDS programs, and provide technical assistance for mobilizing resources to become sustainable. Throughout the region, national governments provide prevention, care, treatment, and support services with financial and technical assistance from donors such as the GFATM and the Clinton Foundation.

Health Finance

A fundamental objective of the PF is to move the region toward sustainability of HIV/AIDS programs. Goal #5 of the Framework is Sustainability: "To improve the capacity of the Caribbean national governments and regional organizations to effectively lead, finance, manage, and sustain the delivery of quality HIV prevention, care, treatment and support services" with Objective 5.1 being to "Improve Financial Management Capacity of National HIV Programs." There is a clear need for financial coordination across the region given the number of donors and the number of countries served by regional organizations. There is also a need for more emphasis on regional cost-sharing and cost-savings. To obtain the baseline information needed to effectively plan activities in this area at the country level, the PF team proposes a comprehensive assessment of the Caribbean Region's Health Financing situation. Working with country financial ministries on national health accounts will help to provide vital information on support to HIV/AIDS and other health programs. The purpose of this assessment is to better understand program costs, available resources and projected gaps and trends over time at the country level.

Integration of HIV services

With limited vision and leadership within the government and at the facility level, the management systems for HIV programs are weak and financial systems are slow to react to the immediacy of the disease. This hinders the development of results-oriented programs and allows for ineffective program strategies or even dual/parallel systems. This slow reaction to act diminishes the impact on the epidemic that could be realized if HIV positive individuals were identified and counseled more rapidly before subsequent infections occur. Additionally, social welfare systems are underdeveloped and fail to protect vulnerable groups such as vulnerable children, MSM, sex workers and drug users. Integration of HIV/AIDS services into existing health care services will increase access to basic HIV/AIDS services while decreasing the stigma and discrimination associated with accessing vertical HIV/AIDS programs.

Public-Private Partnerships

As the Caribbean region has a thriving private sector, under the PF the USG will seek to provide technical assistance to facilitate an increased role for the private sector across the region by fostering greater public, private partnerships (PPP) within the national and regional HIV/AIDS responses. The USG will work with the Pan Caribbean Business Coalition against AIDS and the national private sector AIDS Foundations to encourage and foster greater involvement of the private sector. The ultimate goal will be to strengthen the overall health outcomes through the sustainable provision and use of quality HIV and other health related information, products and services.

Human Resources for Health

The goal of human capacity development is to improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers—including public sector, civil society personnel, as well as PLWHA and other HIV vulnerable populations – capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards. The USG will improve the capacity of Caribbean national governments and regional organizations by developing national HRH strategies, establishing monitoring and evaluation systems to measure inputs and outcomes of HRH, develop competency standards and curricula, implement HRH strategies and improve staff preparation and quality.



Informatics

The area of health information systems is a critical health systems component. The Caribbean Region has been lagging behind in this area for many years. Complete reliable health data for designing targeted interventions is necessary and most important when addressing population sub-groups such as MARPs in HIV/AIDS prevention interventions. The strategic information goal area will assist by providing technical assistance in surveys and surveillance, monitoring and evaluation, training and capacity building; and the laboratory strengthening will provide assistance to upgrade paper and electronic laboratory information systems. Ultimately the health information systems will be improved by increasing the availability of quality data for making informed decisions in HIV/AIDS programs, and enhancing and integrating HMIS. The USG will also provide assistance to ministries of health to increase their capacity to collect, analyze and use quality health data.

D. Funding

The Caribbean Regional Partnership receives funds for programming from GHCS-State, GHCS-USAID, GAP and DOD. We received updated funding levels to program for the FY 2010 ROP from the OGAC financial office. The available funds to program from FY 2008 were GHCS-State funds (\$13,543,412). FY 2009 funds to be programmed were GHCS-State and GHCS-State – Jamaica (\$15,300,000). Available funds for FY 2010 to be programmed were GHCS-State, GHCS-USAID, and GAP funds (\$23,450,000 including early funding). Numerous partner consultations as well as USG interagency and field TWG meetings were held from August through December 2009 to set 2008, 2009 and 2010 budget and funding levels by goal area, fiscal year, country and USG agency. REDACTED Funding for PF goals areas is divided approximately as follows: 31 percent for Prevention, 18 percent for Laboratory Strengthening, 18 percent for Strategic Information, and 18 percent for Human Capacity Development and Sustainability combined. Prevention is clearly the Caribbean region’s top priority which is in alignment with regional priorities as articulated in the CRSF. Note that the goal area percentages in terms of dollar investment will change over the five-year program. For instance, the Laboratory initiatives are frontloaded and funding to this goal area is expected to decrease substantially in later years. Strategic Information and Health Systems Strengthening will see increasing budgets to provide technical assistance to national governments to support sustainable HIV/AIDS programs.

Population and HIV Statistics Antigua and Barbuda

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV						

infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics Bahamas

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living						

with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics Barbados

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living						

with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics Belize - Carribean

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics Dominica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV						

infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics Grenada

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						

The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics Jamaica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						

Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics St. Kitts and Nevis

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of						



pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics St. Lucia

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						

Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics St. Vincent and the Grenadines

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among						

adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics Suriname

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						

Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV Statistics Trinidad and Tobago

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						

Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)



Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Jamaica Business Council on HI/AIDS strengthening		Jamaica Business Council on HIV/AIDS	100,000	100,000	The Jamaica Business Council on HIV/AIDS (JaBCHA) is finalizing the process to become a legal entity. In FY2010 we would provide partial support to staff someone to expand JaBCHA's focus on addressing HIV/AIDS in the private sector with a special focus on food handling, entertainment, sports and the tourism sector. In FY10 JaBCHA would continue to increase its members. (membership has grown from 21 to 38 members). In FY10 through JaBCHA's

				<p>efforts strategies and activities would be developed to increase the collaboration between JaBCHA and the National HIV/STI Control Program and the National AIDS Committee which is an important component of the national strategy. USAID contribution for this activity would be \$100,000.</p>
TBD		TBD		<p>In FY2011, after a thorough baseline assessment and regional dissemination of the findings (Year 1), we will develop and support 1-2 strategic partnerships that will significantly contribute to Partnership Framework goals. New partnerships would be expected to: Strengthen dialogue between sectors; Address issues in socially and culturally</p>

					<p>sensitive areas such as sexuality and stigma, which are hindering regional success; Support business and civil society leaders to become champions of change; Generate demand and improve the extent and/or quality of access for most at risk populations (MARPS); and Align with USG systems strengthening activities.</p>
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Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Assessment of the National Health Information System utilizing the Health Metric Network Assessment Framework in Trinidad	AIDS/HIV Case Surveillance	General Population	Evaluation
Capacity Building to Support the Expansion of Routine Reporting of HIVDR EWIs and other HIV Care and Treatment Indicators in the Caribbean	AIDS/HIV Case Surveillance	General Population	Development
Data Elements Identification of the Health Information System in Trinidad	AIDS/HIV Case Surveillance	General Population	Planning
Development of a Framework for Conducting a Country Readiness Assessment for Strengthening National HIV Case-based Surveillance	AIDS/HIV Case Surveillance	General Population	Development

Meeting of Caribbean Technical Working Group for Surveillance: Surveillance Methodologies for MARPS	AIDS/HIV Case Surveillance	Men who have Sex with Men	Development
Meeting with CDC and PHCO to Harmonize Technical Collaboration for the Development of Health Information Systems in the Caribbean linked to HIV Case-Bases Surveillance and Patient Monitoring Systems f	AIDS/HIV Case Surveillance	General Population	Planning
Procurement of Computer Hardware and Software for Belize and Suriname	AIDS/HIV Case Surveillance	General Population	Implementation
Procurement of Computer Hardware and Software for The Bahamas	AIDS/HIV Case Surveillance	General Population	Implementation
Regional HIV Case-based Surveillance Database: High-level Information Technology Costing Model: Development, Implementation and Operations	AIDS/HIV Case Surveillance	General Population	Development
Workshop to Identify and Document Functional, Non-functional, Data and Technical Requirements for the Caribbean Regional HIV Case-based Database	AIDS/HIV Case Surveillance	General Population	Development



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			1,645,000		1,645,000
HHS/CDC		1,500,000	8,123,372		9,623,372
HHS/HRSA			2,415,561		2,415,561
PC			650,000		650,000
USAID			2,016,067	6,950,000	8,966,067
Total	0	1,500,000	14,850,000	6,950,000	23,300,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	DOD	HHS/CDC	HHS/HRSA	PC	USAID	AllOther	
HBHC		349,000	582,535		200,000		1,131,535
HLAB	130,000	1,575,000					1,705,000
HTXS	45,000		241,056				286,056
HVAB		140,000			150,474		290,474
HVCT	45,000	401,000			350,000		796,000
HVMS	175,000	2,985,200		650,000	1,605,593		5,415,793
HVOP	880,000	160,000			5,305,000		6,345,000
HVSI	130,000	2,667,409			355,000		3,152,409
MTCT		200,000					200,000
OHSS	240,000	1,145,763	1,591,970		1,000,000		3,977,733
	1,645,000	9,623,372	2,415,561	650,000	8,966,067	0	23,300,000

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets Antigua and Barbuda

(No data provided.)

National Level Indicators and Targets Bahamas

(No data provided.)

National Level Indicators and Targets Barbados

(No data provided.)

National Level Indicators and Targets Belize - Carribean

(No data provided.)

National Level Indicators and Targets Dominica

(No data provided.)

National Level Indicators and Targets Grenada

(No data provided.)

National Level Indicators and Targets Jamaica

(No data provided.)



**National Level Indicators and Targets
St. Kitts and Nevis**

(No data provided.)

**National Level Indicators and Targets
St. Lucia**

(No data provided.)

**National Level Indicators and Targets
St. Vincent and the Grenadines**

(No data provided.)

**National Level Indicators and Targets
Suriname**

(No data provided.)

**National Level Indicators and Targets
Trinidad and Tobago**

(No data provided.)



Policy Tracking Table

Antigua and Barbuda

(No data provided.)



Policy Tracking Table

Bahamas

(No data provided.)



Policy Tracking Table

Barbados

(No data provided.)



Policy Tracking Table

Belize - Carribbean

(No data provided.)



Policy Tracking Table

Dominica

(No data provided.)



Policy Tracking Table

Grenada

(No data provided.)



Policy Tracking Table

Jamaica

(No data provided.)



Policy Tracking Table

St. Kitts and Nevis

(No data provided.)



Policy Tracking Table

St. Lucia

(No data provided.)



Policy Tracking Table
St. Vincent and the Grenadines
(No data provided.)



Policy Tracking Table

Suriname

(No data provided.)



Policy Tracking Table

Trinidad and Tobago

(No data provided.)



Policy Tracking Table

Caribbean Region

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,131,535	
HTXS	286,056	
Total Technical Area Planned Funding:	1,417,591	0

Summary:

As one of the six priority areas under the CARICOM/PANCAP Caribbean Regional Strategic Framework (2008-2012), improving access to HIV treatment, care and support services remains critical to the region's HIV response. The countries in the region are signatory to the UNGASS Declaration of Commitment on HIV/AIDS and are proponents of the subsequent global goal of working towards the provision of universal access to HIV prevention, treatment, care and support services. In the Caribbean region the achievement of this goal is being supported by national governments and external resources provided by the Global Fund grants to PANCAP and the OECS, World Bank and multilateral and bilateral donors, who support the public sector treatment programs.

Over the past several years the Caribbean region has improved access to care and treatment services for persons living with HIV/AIDS (PLHIV). ARVs are provided through primary health facilities in most countries; however, several of the larger countries in the region have a few stand-alone ART sites. Almost every country in the region offers free ART to PLHIV. The Caribbean region has made significant strides towards its goal of universal antiretroviral treatment coverage from an average of 31% coverage of treatment-eligible HIV positive persons in the Caribbean in December 2006, to 51% in late 2008 (UNAIDS, 2008). However, given that over half the estimated number of Caribbean persons living with HIV/AIDS who are treatment eligible are still in need of anti-retroviral treatment, a significant coverage gap remains. This gap suggests that efforts to scale up HCT, especially to persons engaging in high risk behavior (PEHRB), to identify HIV positive persons and link them to services, as well as efforts to reduce barriers to accessing care and treatment, must be priorities in the region.

There are also significant limitations in the number of persons who are being provided access to on-going, effective Prevention with Positives (PwP) programs that offer psychosocial, nutritional and adherence support, and information on sexual and reproductive health including HIV prevention, family planning and STIs. Given the significant strides already made in the area of care and treatment, the USG will focus its efforts under the PF on developing a strategy to ensure that an enhanced package of effective and responsive PwP care and support services are available, accessible and sustainable in each country under the PF. In some countries a limited scope of PwP services are embedded in the public sector response. However, there is a need to enhance this capacity and program scope both in the health facilities providing care and treatment to PLHIV, as well as at the community level, and to ensure linkages between them. This will require scaling up technical assistance to Ministries of Health, NGOs, CBOs and FBOs to enable their active and effective engagement in the provision of care and support services to PLHIV and their families as a part of the national responses. Presently there are no explicit policies in the PF countries in relation to the provision of HIV care and support services.



Accomplishments since the FY 09 Mini-COP:

With USG support, The Caribbean Regional Training Network (CHART) works with local partners, including Ministries of Health, the Caribbean Epidemiology Center (CAREC), and the PAHO HIV/AIDS Caribbean Office to adapt World Health Organization standards to the Caribbean context. With HRSA and USAID/Barbados technical assistance and funding, CHART has contributed strongly to updating Caribbean regional protocols and guidelines for care and treatment of PLHIV, prevention of mother-to-child transmission, pediatric antiretroviral treatment, and the clinical management of persons co-infected with TB and HIV. CHART has six training centers located in Jamaica, Barbados, Bahamas, Trinidad & Tobago, and two in Haiti (urban and rural). An additional training coordination hub is based at the Secretariat of the Organization of Eastern Caribbean States/HIV/AIDS Program Unit (HAPU) in St. Lucia.

Since the Mini-COP last year, the CHART Network provided 52 trainings across the region on Adult Care and Support. These activities have trained 479 health care providers in Jamaica, 35 in Barbados, and 37 in Trinidad. The quality and outcomes of current Caribbean treatment and care and support services has not been qualitatively measured such as levels of treatment adherence, drug resistance, morbidity and incidence of opportunistic infections. An important follow on activity planned will be an assessment of the impact of these trainings on the accessibility and quality of service provision.

The USG has also provided support for capacity development in care and support through the International HIV/AIDS Alliance (IHAA). During this past year, USAID Barbados, through the IHAA program, has focused its efforts in the four countries covered by its program; Antigua, Barbados, St Kitts, and St Vincent. The program has experienced challenges in consistently reaching PLHIV and has not been able to develop a clear strategy for the provision of care and support services for PLHIV. This is in part due to the pervasive high levels of stigma and discrimination encountered in the countries in this region which result in persons refusing to disclose their sero-status and not accessing services. Further, it is evident that in depth, individually focused interventions are necessary at the point of accessing care and require greater levels of resources than those offered by the peer educators working in this program. Greater collaboration with the MOH and NAP will be required in the future to ensure that a more comprehensive PwP program is designed which includes both health care providers and peer educators who can address issues surrounding disclosure, partner testing, stigma and discrimination, nutrition, sexual and reproductive health services, and treatment adherence in addition to support services to facilitate and encourage living 'positively'.

IHAA has also worked closely with civil society organizations to increase MARP access to care and support programs. CHAA has provided three grants to community-based organizations to increase holistic care and support for PLHIV; hospice care to terminally ill; and capacity-building to PLHIV to provide home-based care, which includes nutritional and psychosocial support. Very moderate numbers of persons have been reached thus far; however, the program model is currently being evaluated in order to determine the most feasible model for providing these services to PLHIV in community settings.

Goals and Strategies for the coming year:

The goal for the USG program in 2010 will be to increase access to care and support through a two pronged strategy: 1) Integrate HIV prevention, care and support services within the broader health sector response, but not limit this to the provision of ARVs; and 2) Actively engage civil society partners to provide psychosocial and prevention services, as well as referrals to other services that MARP populations may need. Specifically, USG will support the National AIDS Programs in Trinidad and the Bahamas to build capacity and strengthen integration of prevention and support services into the routine care of PLHIV in facility and community-based services. These services will be linked with efforts to scale up counseling and testing to increase the number of HIV positive persons who learn their status and get



linked to prevention, care, and treatment services.

To better inform strategies for programming for PwP, CHAA is currently conducting a rapid assessment to determine the current scope of HIV care, treatment and support services in the four targeted countries, as well as to assess the current models of care and support services to PLHIV in the remaining three OECS countries where the program will expand into. The assessment will also identify barriers to care and support services and outline steps to make these services more widely available to PLHIV.

As seen in other sections of this COP, the USG will work at the broader level of health sector reform and health systems strengthening to integrate HIV/AIDS activities into the broader health care services delivery. Clinical care and support will be included in the integration process, with an expanded focus on nutrition, HIV and STI co-infection, disease progression, management of clinical disease, home-based care and oral manifestations. The USG will work with PANCAP to advocate for standardized integration policies throughout the region. In addition, CHART will integrate HIV/AIDS in the training curricula, targeting physicians, nurses, pharmacists, laboratory staff, social workers, nutritionists, other ancillary health care providers and PLHIV. At the country level, the USG will provide technical assistance and provide models for efficient integration of HIV/AIDS prevention care and treatment in national health care systems.

Civil society is already engaged in the provision of care and support at the community level. The 3 small grants to community-based organizations (mentioned above) will continue in 2010, with CHAA providing more technical assistance on feasible models for service provision to PLHIV and referral networks. CHART can also provide training to the community organizations on the basic elements of home based care.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	796,000	
Total Technical Area Planned Funding:	796,000	0

Summary:

HIV Counseling and Testing (HCT) is the gateway to all other HIV-related services, including prevention, care and treatment. Facilitating greater access to HTC services is an essential component of the regional and national efforts to mitigate the spread of HIV/AIDS in the Caribbean. HCT is available in all countries in the Caribbean region and is provided primarily through community health facilities. Although most governments in the region collect data on the numbers of individuals tested, these data were not accessible for this report. In addition, there is very limited data available in the region on coverage of HCT or on the number of persons who know their status (UNAIDS, 2008). However, given limited availability and access to HCT in many areas in the region, many individuals throughout the Caribbean are unaware of their HIV status, which impedes access to appropriate prevention, care and treatment interventions.

Countries in the Caribbean region face multiple challenges with respect to HIV counseling and testing including the lack of national policies or guidelines for HCT and lack of a national or regional strategy. Rapid testing has been slow to be implemented and HIV positive test results have a long turn around time. Consequently, many individuals testing positive for HIV in the Caribbean do not return for their test results, are unaware of their status and do not receive appropriate information and care. Even in countries such as Barbados, Jamaica, Suriname and Belize, where confirmation of positive tests is done in country,



the process is unnecessarily cumbersome as all positive samples from testing sites are sent to the central laboratory for confirmation with long turn around times. Point-Of-Care (POC) diagnosis involving a combination of HIV rapid test kits (that has been recommended to replace the routine EIA and Western blot) is new, not well understood, and is under-utilized in this region.

Multiple gaps in HCT in the region have been identified and will be targeted for assistance by the USG, including development of national and regional strategies for HCT, implementation of and scale-up of HIV rapid-testing, decentralization of HCT, protocols for the introduction of provider-initiated counseling and testing (PICT), introduction and scale-up of community-based counseling and testing (CBCT) services targeting MARPs. Since most countries do not have HCT policies, efforts to establish national algorithms and protocols for rapid testing have been challenging and require support.

Currently the HCT activities in the OECS countries, with the exception of Antigua, are supported through the OECS Global Fund grant. Barbados, Jamaica, Suriname, and Trinidad & Tobago support their testing activities through their national budgets allocated by their National AIDS Programs (NAPs). Global Fund and national governments have focused most of their HCT efforts on the general population. The USG will strengthen and support these programs by assisting with efforts to scale up rapid testing and supporting efforts to target HCT to persons engaging in high risk behaviors in community and facility settings.

Accomplishments since the FY 09 Mini-COP

In the absence of regional or national HCT strategies or an integrated USG strategy for HCT within the Caribbean, most USG support to date has focused on technical assistance, training and capacity building. Specifically, the USG has invested technical and financial resources over the past several years building capacity at the Ministries of Health, and investing in training programs and local organizations to increase the cadre of skilled personnel to deliver VCT, PITC and CBCT targeted to MARPs according to international standards. Technical and financial assistance has targeted civilian as well as military populations. The USG has supported the CHART National Training Centers in Jamaica, the Bahamas, Barbados, Trinidad and Tobago, as well as the OECS HIV/AIDS Project Unit, to train providers in HTC throughout the region. CHART has provided 25 counseling and testing training events across the region to a total of 567 health care professionals. The majority of these activities were voluntary counseling and testing (VCT) workshops (n=17) while three were focused on provider initiated testing and counseling (PITC CHART Jamaica has been the main unit contributing to the numbers for this result with 17 trainings in counseling and testing and 471 individuals trained). Fifteen of these trainings were part of a series of trainings for health care workers to become VCT service providers or VCT trainers.

During the past year, Caribbean HIV/AIDS Alliance (CHAA), IntraHealth International the Ministry of Health and the National AIDS Program (NAP) in Antigua have collaborated to implement a model for the expansion of CBCT services to MARPs. This model includes integrating HCT into NGO and CBO sites in the community which provide HIV-related services and use of lay counselors from the community. As a result of this model, the NAP has been able to increase the access and availability of HCT services to 903 MARPS, including MSM and CSWs that were not being adequately reached in the past. In addition, 19 persons in Antigua and Barbuda, including representatives from civil society and faith-based organizations, were trained in MARP specific Counseling and Testing (CT), a training curriculum designed by the CDC (Atlanta) specifically for use with MARPs to deliver HIV rapid testing. Additionally, other trainings were conducted which trained staff from NAPs and regional programs on HIV rapid testing.

The USG has also supported advocacy and technical assistance at the national and local levels for effective implementation of rapid testing. In the past year, USG, in collaboration with the Ministry of Health of Barbados, organized a training of trainers' course on HIV rapid testing with technical support from the International Laboratory Branch (ILB) at CDC Atlanta. Fifty individuals from across all of the Caribbean



region countries were trained. With USG technical support and training, Antigua, Bahamas, Jamaica, Trinidad and Tobago, and Barbados, are in initial stages of establishing national HIV rapid testing algorithms. However, more technical assistance and support will be needed for decentralization, data collection, tracking, and external quality assessment to ensure quality and timely release of results. Only the countries of Belize, St. Vincent and the Grenadines, and Suriname have rolled out HIV rapid testing nationwide, with a one day turnaround time for release of results.

Barbados is in the process of finalizing the development of a National Policy on Counseling and Testing. The Policy Assessment planned for the first year under the Partnership Framework will help to determine the need for initiating and enacting policies for HCT in other countries. (For associated policies regarding the complementary laboratory components in support of HIV diagnosis, specifically HIV testing, and laboratory support for patient monitoring please see the Laboratory Technical Area Narrative and the reference to the Laboratory Strategic Plan and Policy document.)

The USG also supported planning for outreach mobile HCT in the Trinidad and Tobago Defense Force (T&T) and Jamaica Defense Forces (JDF), as well as prevention interventions incorporating the promotion of knowing one's status in the Barbados Defense Force and Surinamese National Army (SNA). Support was also provided to the Belize Defense Force (BDF) for the provision of rapid HIV CT.

Goals and Strategies for the coming year

The goal of the USG will be to continue to work with national and regional authorities to increase access to HIV counseling and testing services through the use of HIV rapid-testing across the PF countries in both health facility-and community-based sites. The USG strategies to achieve this goal are to assist countries in developing national algorithms for HIV rapid testing and PITC according to internationally accepted guidelines; provide in-country training on HIV rapid testing (including non-laboratory persons), and scale-up community based counseling and testing targeting MARPs.

To date, only one country within the OECS (St. Lucia) has been able to establish a functional HIV rapid testing algorithm. The USG will provide technical assistance to countries in the region to support implementation and scale-up of rapid testing. Specifically, the USG will support the development of algorithms and national guidelines and policies using internationally accepted standards.

The USG will also focus its efforts on scaling up rapid testing by supporting training and capacity building activities. Specifically, training activities will target reaching individuals engaging in high risk behaviors using the recently developed CDC VCT MARPs curriculum. This will involve training lay persons from within the MARPs population and wider civil society; scaling up of HIV rapid testing activities to VCT and PMTCT sites; and other public health care facilities including government and private laboratories. Technical assistance will also be provided where needed to enable the shift towards PICT as HIV services become more integrated within the primary health care system. Linking most at risk populations, including sex workers and men who have sex with men, to CT services will continue to be critical. The USG will continue to emphasize greater access to CT services for MARPs through CBCT. CHART will continue to train health care workers to provide compassionate and non-judgmental care for persons engaged in high risk behaviors. CHART/Jamaica will also contribute to increase HIV testing throughout the country by assisting the Ministry of Health in training health care workers on PITC.

The USG will provide support to the National AIDS Programs some of the higher prevalence countries in the region (Trinidad and Tobago, Bahamas, and Barbados) to strengthen scale up of HCT with MARPs and strengthen linkages to care and treatment and prevention for those identified as HIV positive through capacity building and training. In addition, technical assistance will assist countries with evaluating their current HCT activities that focus on MARPs and develop appropriate strategies for scaling up to reach



those individuals at highest risk with testing, counseling and other services.

Finally, USG will increase CBCT in several countries. During FY 2010, IHAA/CHAA will continue to collaborate with the MOH and the NAP to decentralize HCT and scale up CBCT using the HIV rapid test at additional sites across Antigua. A case study of the introduction and roll-out of CBCT in Antigua is being documented as a model of best practice to be shared throughout the region. This model has demonstrated how key elements of a structured HIV prevention and peer-education strategy can come together as a strong collaborative endeavor between the national authorities and civil society. This type of approach will ultimately lend itself to a much more effective and sustainable approach for this small island state and will be replicated in Barbados and St. Kitts during 2010. The continued efforts in facilitating the establishment of more widespread use of HIV rapid testing throughout the Eastern Caribbean will be essential in enabling the decentralization of CT and the setting up of more community-based sites where MARPs and other marginalized persons can be referred to for CT, other prevention services and referrals/linkages to care and treatment as needed.

DOD's future program goals aim to focus on improving knowledge and attitudes about testing and integration of prevention interventions with CT services with linkages to care, treatment and other support services in partner militaries in the Bahamas, Barbados, Belize, Jamaica, Trinidad & Tobago, St Kitts, Antigua and Suriname. Analysis of structural changes that may limit members' willingness to seek HIV testing will also be conducted with TA in the area of HIV policy covering aspects related to confidential CT and access to services. Technical assistance will build internal capacity of partner militaries to direct and maintain HIV testing and counseling efforts.

As these initiatives develop, plans for the sustainability of support for routine counseling and testing at the country level will be addressed with the respective local governments

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	3,977,733	
Total Technical Area Planned Funding:	3,977,733	0

Summary:

Despite a relatively well-organized health care delivery system - compared to many lesser-developed regions - the capacity of Caribbean health systems to deliver effective, sustainable HIV related services and implement national and regional interventions is compromised by both infrastructural and systemic weaknesses. HIV services and support are administered through a combination of public, private and NGO partners. The system ranges from predominantly public sector service delivery in countries like Grenada and Dominica, to a combination of public and private service provision in countries like Jamaica and Barbados. Currently, there is not sufficient capacity in the health systems throughout the region to meet the estimated need for HIV prevention, care and treatment services. PANCAP anticipates the demand for ART will more than double between 2005 and 2015 from 58,000 to 120,000.

While HIV is an important health problem in the region, other significant health issues including non-communicable diseases (diabetes, heart disease) create a heavy burden for health systems and compete for limited resources. Innovative systems strengthening interventions that will successfully support HIV/AIDS services are in demand in the Caribbean. One strategy that countries in the region are exploring as a way to make services more financially sustainable, while also strengthening the health system as a whole, is the integration of HIV/AIDS care into primary health care centers.



Because HIV/AIDS services are administered through a combination of public, private and NGO partners, having a coordinated multi-sectoral plan for the more effective integration of partners into the national response is essential for effective and efficient programming. Presently, there is inadequate private sector and civil society involvement in the national response to HIV/AIDS. The meaningful engagement of these partners in the advocacy efforts in relation to human rights and HIV related policy reform is also limited and inconsistent. At the regional level, PANCAP and the HIV/AIDS Alliance are among the few entities that have supported the establishment of PLWHA organizations and civil society partnerships, including faith based organizations (FBOs) and organizations working with marginalized groups such as MSM. In some countries, business councils on HIV exist and can be harnessed in support of the national HIV response.

The Caribbean Region's HIV/AIDS programs are financed through a combination of national, bilateral and multilateral contributions. Although each country monitors its own health and HIV/AIDS accounts based on their individual practices, there is no standardized format and no single organization in the Caribbean tracking public financing for HIV/AIDS. Specific health and HIV/AIDS expenditure data from the World Health Organization (WHO) collected for the PF showed that Caribbean countries devote on average ten percent of their national budget to the health sector, ranging from 13.9 percent in the Bahamas to only 4.2 percent in Jamaica.

Under the PF, the goal of the USG support in this critical area is to improve the capacity of Caribbean national governments and regional organizations to effectively lead, finance, manage, and sustain the delivery of quality HIV prevention, care, treatment and support services at regional, national and community levels over the long term.

Accomplishments under the first five years of PEPFAR

The USG has been strengthening human capacity and health systems in the Caribbean by providing financial resources and technical assistance to CHART, the Caribbean Health Leadership Initiative (CHLI), and training programs for the Defense Forces in the region. The CHART network operates through six national training centers to fulfill its mission of building capacity of national and regional health care personnel and systems to provide quality HIV prevention, treatment, care and support services. Outcome data indicates an increase in the care and treatment of HIV patients by CHART trained clinicians and an improvement in provider skills with the OECS Clinical Mentoring Program. The CHLI program supports the training of five cohorts of health care leaders to enhance the skills and effectiveness of persons who lead HIV/AIDS and other health programs. The first cohort of 21 participants of the CHLI program graduated in February 2009 and a second cohort of 35 is currently in training.

With USG finance and technical assistance, a number of local organizations were supported through advocacy training for HIV related policy development (Antigua and Barbuda); review and revision of national HIV/AIDS policies (Suriname); Institutional capacity building (OECS countries, Barbados, Trinidad and Tobago); training of health workers to provide treatment, care and support services for HIV/AIDS and TB (CHART). With USG support, the Caribbean Coalition of National AIDS Program Coordinators (CCNAPC) worked to strengthen leadership skills and organizational structures of 23 National AIDS Coordinators and their respective HIV/AIDS responses through a series of interactive workshops at the 2008 CCNAPC Annual Meeting.

IHAA conducts trainings with CBOs in community based counseling and rapid testing for counselors in Antigua, and religious and other community leaders in St. Kitts and St. Vincent. These trainings resulted in one faith based leader implementing an anti-stigma campaign in his church, which reached over 500 members. The CHART Network continues to emphasize attitudinal training with a focus on reducing stigma and discrimination among health care providers.



The USG has also continued to provide valuable support to PANCAP to execute its core mandate of coordinating and managing the overall implementation of the Caribbean Regional Strategic Framework 2008-2012 (CRSF). Through this support, PANCAP has been able to oversee the implementation of its Round 3 Global Fund (GF) grant, the completion of the new CRSF 2008-2012, the successful application and award of a new Global Fund grant (Round 9) and the review and reorganization of its organizational structure and hiring of new staff. USG support will enable PANCAP to more effectively lead the region's efforts toward mitigating the impact of HIV/AIDS in the region.

Goals and Strategies for 2010

Given that most countries rely on donor support to administer their health programs, it is imperative that the USG activities focus on strengthening capacity and assisting countries to plan for and build sustainable programs. An important strategy for the region in achieving sustainability is to build upon the existing institutional capacity advantages available within the region and increase efficiency in the use of resources. For example, the CRSF articulates priorities for improving efficiencies for HIV/AIDS and health programs in the region that can be more cost-effectively provided from a regional rather than a national level. An example of such "regional public goods and services" include bulk purchasing of commodities, developing model policies, conducting national HIV spending assessments and streamlining training curriculum to reduce the cost burden on individual countries. Through the PF, the USG intends to work with PANCAP on key CRSF priority activities in order to improve efficiencies in the region, reduce duplication and reduce costs to individual country programs. The USG also plans to use examples and lessons learned in the area of strengthening service delivery and addressing policy reform from PEPFAR-funded programs in Haiti, Guyana and the DR.

Based on country consultations for the PF, the USG will focus its efforts under the PF specifically on human resources for health, improvement of financial management capacity, public private partnerships, health information systems, and integration of HIV into health systems.

Human Resources for Health

The USG will improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained healthcare providers and managers capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards. These efforts are targeted at the public sector and civil society personnel, as well as PLWHA and other HIV-vulnerable populations, so they can fully engage in HIV prevention and care efforts, lead advocacy efforts for equitable service provision and inform decision-making at the national level.

Through CHART and CHLI, the USG will contribute to an increased number of new healthcare workers who graduate from a pre-service training institution, the number of community healthcare workers who successfully complete an in-service training program, and improve the ratio of healthcare workers to the population. In addition, the USG will address the HRH political, legal and regulatory barriers to training and retention of health care workers, promote standardization of health care professions and work to promote task shifting for service delivery where applicable. Lessons learned and best practices from retention and task shifting strategies in Guyana and Haiti can be explored for implementation in the 12 targeted countries.

Additional strategies to increase numbers of providers include working with governments to develop retention schemes, creating programs to recruit the diaspora of trained health care professionals and recruiting retired professionals back into service. The USG will also explore extending tele-medicine program to providers in the underserved, remote areas.

Informatics



The area of health information systems is a critical health systems component. The Caribbean Region has been lagging behind in this area for many years. Complete reliable health data for designing targeted interventions is necessary and most important when addressing population sub-groups such as MARPs in HIV/AIDS prevention interventions. The strategic information goal area will assist by providing technical assistance in surveys and surveillance, monitoring and evaluation, training and capacity building; and the laboratory strengthening will provide assistance to upgrade paper and electronic laboratory information systems. Ultimately the health information systems will be improved by increasing the availability of quality data for making informed decisions in HIV/AIDS programs, and enhancing and integrating HMIS. The USG will also provide assistance to ministries of health to increase their capacity to collect, analyze and use quality health data.

Health Finance

A fundamental objective of the PF is to move the region toward sustainability of HIV/AIDS programs. Goal #5 of the Framework is Sustainability: "To improve the capacity of the Caribbean national governments and regional organizations to effectively lead, finance, manage, and sustain the delivery of quality HIV prevention, care, treatment and support services" with Objective 5.1 being to "Improve Financial Management Capacity of National HIV Programs." To obtain the baseline information needed to effectively plan activities in this area at the country level, the PF team proposes a comprehensive assessment of the Caribbean Region's Health Financing situation to inform needs and provide recommendations and directions for assisting governments.

Based on the findings of the assessment, the USG will design an award for a TBD partner to provide technical assistance in health financing for the Region. This award will focus on the following interventions: (a) Resource allocation decision-making, including budgeting processes to increase efficiencies of current spending; (b) Training health leaders how to use data for decision-making; (c) Operational-level assistance for competent management of finances in HIV/AIDS-related programs; (d) Pooling and risk sharing, such as through insurance arrangements, to reduce out-of-pocket spending while ensuring access to needed care; and (e) Resource mobilization to widen the sources of funding for needed services, both for investments in expended capacity, and for running costs to scale-up access.

Public Private Partnerships

As the Caribbean region has a thriving private sector, Under the PF the USG will seek to provide technical assistance to facilitate an increased role for the private sector across the region by fostering greater public, private partnerships (PPP) within the national and regional HIV/AIDS responses. The USG will work with the Pan Caribbean Business Coalition against AIDS and the national private sector AIDS Foundations to encourage and foster the greater involvement of the private sector. The ultimate goal will be to strengthen the overall health outcomes through the sustainable provision and use of quality HIV and other health related information, products and services; and to decrease stigma and discrimination and enhance workplace programs for PLWHA.

Integration

With limited vision and leadership within the government and at the facility level, the management systems for HIV programs are weak and financial systems are slow to react to the immediacy of the disease. This hinders the development of results-oriented programs and allows for ineffective program strategies or even dual/parallel systems. Integration of HIV/AIDS services into existing health care services will decrease the stigma and discrimination associated with accessing vertical HIV/AIDS programs, allay transportation barriers to multiple facilities and improve efficiencies of provider time and facility management processes.

To promote and coordinate strategic planning and multi-sectoral collaboration, the US will collaborate with PANCAP to establish a regional entity that will take a leadership approach to promote cross-sector approaches and HIV service integration. This entity will work with national partner governments to initiate



or strengthen their partnerships with civil society organizations and the private sector. The USG will also work with UWI to modify in-service training for health care providers to include interdisciplinary training to promote openness to task shifting and integration of HIV/AIDS in the curricula.

The USG will focus on four interventions: 1) Mapping of partners at the national level; 2) Work with national governments to create strategies for improving cost-efficiency and sustainable approaches in financing and programming; 3) Develop joint planning opportunities for national governments to meet with their partners and engage in strategic dialogue; and, 4) Work with national governments to integrate and decentralize their national HIV/STI programs and to provide a more broad base of services at the community level to make them more cost-effective, and efficient.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,705,000	
Total Technical Area Planned Funding:	1,705,000	0

Summary:

The five year Partnership Framework (PF) is centered on reinforcing national and regional laboratory capacities. It aligns with the Caribbean Regional Strategic Framework on HIV and AIDS, 2008-2012 (CRSF) and the individual country's National Strategic Plans; and covers laboratory activities of twelve countries within the Eastern Caribbean region that include the six smaller countries within the Organization of Eastern Caribbean States (OECS) (St Lucia, St Vincent and the Grenadines, Grenada, Antigua and Barbuda, St Kitts and Nevis, and Dominica), and the larger countries of Barbados, Trinidad and Tobago, Belize, Suriname, Jamaica, and the Bahamas. The six OECS countries each have one laboratory while the other countries have public and private laboratories distributed as follows: Suriname 19, Barbados 9, Jamaica 58, Bahamas 21, Belize 6, and Trinidad and Tobago 48, located in the capitals and secondary cities. A tiered laboratory system is proposed in the PF to increase the capacity of national and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV/AIDS and other sexually transmitted and opportunistic infections.

CAREC's laboratory located in Port of Spain, Trinidad historically served as a hub for the entire Caribbean region, particularly among countries within the OECS, providing downstream support for molecular testing, confirmation of HIV and TB samples, preparing and distributing proficiency panels for external quality assessment (EQA) and providing updated trainings to all laboratory personnel. These services were recently discontinued. Individual national laboratories are now being challenged to assume a greater role in the provision of more complex, timely and reliable diagnostic support services for national HIV/AIDS treatment and care scale-up programs. The outcome of the latest USG interagency Laboratory Needs Assessment of national laboratory capacities, and the recently conducted PAHO laboratory analyses, shows that laboratory services and infrastructure are still very weak throughout countries within the Caribbean region, with various populations lacking access to timely, low cost, and high quality laboratory services.

In partnership with PAHO, CARICOM, PANCAP, CARPHA, the Clinton Foundation, and key laboratory stakeholders within the region, the current Partnership Framework proposes to set up a laboratory strategy to create a regional reference laboratory (RRL) in Barbados to support complex testing for all the OECS countries and sub regional clinical laboratory hubs in Jamaica, Bahamas, and Trinidad and Tobago to serve as back-up laboratories for each other as well as support the other Caribbean countries including Belize and Suriname.



The USG targeted efforts aligned with the Caribbean Regional Strategic Framework will focus on the following priority areas: a) developing National Laboratories' Policies and Strategic Plans, b) strengthening a regional referral laboratory and sub-regional hubs, including infrastructure and equipment upgrades, c) increasing access to point-of-care laboratory services, including expanded HIV rapid testing and PMTCT programs, d) enhancing Laboratory Quality Management System (LQMS) and accreditation, e) supporting procurement, supply chain management systems, and Laboratory Management Information System (LMIS).

Other Partners

There is minimal presence of other U.S. institutional public health laboratory partners such as the Association of Public Health Laboratories, American Society of Microbiology, Supply Chain Management System, American Society of Clinical Pathology.

Accomplishments since last COP

Between 2008 and 2009, the USG organized a train the trainer course on HIV rapid testing and QA that involved 75 participants from the twelve countries covered by the PF. The USG also supported the following international laboratory trainings in 2009: training of three lab technicians at the International Laboratory Branch GAP CDC Atlanta on the use of the Roche Amplicor DNA PCR for EID, training of three lab technicians in Tanzania on TB; QA and training of one lab technician at the Institute of Communicable Disease South Africa on Laboratory Bio-safety and Bio-security. In 2009, the USG collaborated with two Caribbean based NGOs, CHART and CCAS, to organize a multi-disciplinary conference. In 2009, USG provided both technical and financial support to the Ladymeade Reference Unit (LRU) in Barbados for the implementation of the ISO 15189 Quality Management System (QMS) and eventual CAP accreditation of its laboratory. The USG supported certain countries in 2009 with diagnostic and clinical test kits as follows: CD4 tests to St Kitts to bridge a shortage of supplies from their supplier, 500 Determine HIV rapid test kits to Bahamas to support HIV training and 100 Determine, and Uni-gold rapid test kits to Anguilla to assist HIV rapid testing during one of their women's health week activities. Between 2008 and 2009, DoD equipped the central hospital of the Belize Defense Force for the provision of basic lab services, and provided laboratory TA to the Trinidad and Tobago Ministry of National Security in preparation for an upcoming behavioral survey in the Trinidad and Tobago Defense Force.

Goals and strategies for the coming year

The goals for the region are a comprehensive tiered laboratory system for diagnostic services that are accessible and provide timely, accurate, and reliable results for persons engaged in high-risk behaviors, including CSWs, MSM, military personnel, mobile populations, DUs, at-risk youth, PLWHA, and those engaged in transactional sex.

Laboratory Quality Management System

Earlier Caribbean-led regional laboratory strategies trained over 1000 laboratory personnel within the region on the ISO 15189 quality management system, but this has not translated into accreditation of laboratories due to bureaucratic process hurdles. Recognizing these failures, the USG will provide financial and technical support for the accreditation of six laboratories. The accredited laboratories will provide downstream or tier support to the other laboratories with the goal of ensuring long term sustainability of quality systems. USG will champion the purchase of EQA panels to cover CD4, DNA PCR, HIV viral load, drug resistance, clinical chemistry, hematology, TB and OIs diagnostic and laboratory monitoring as necessary. The USG will also support the implementation of the Dry Tubes Specimen (DTS) approach of preparing and distributing proficiency samples in EQA testing activities for HIV rapid testing. To ensure knowledge improvement and quality diagnostic and clinical monitoring, the



USG will sponsor and/or develop specialized training for bench staff in the area of CD4, DNA PCR, viral load, clinical chemistry, hematology and TB with regional academic partners.

Training and Retention Systems

The USG plans to organize a series of regional trainings in the area of good clinical laboratory practice and TB diagnosis that will include laboratory personnel from all twelve countries. The USG plans to further support countries within the region by offering in-country training on HIV rapid testing using the recently developed CDC VCT MARPs. Recently, the Clinton Foundation and the USG-supported DNA PCR training for EID in Jamaica and Barbados that has expanded the platforms needed for this test. The USG will further support the training of staff from the Bahamas, Jamaica and Suriname once these assays are established and running in these countries. It is anticipated that through the proposed tier laboratory structure, these efforts will build long term institutional capacity for EID within the Caribbean region, as well as enhance early tracking of HIV-infected infants to enable the early initiation of antiretroviral therapy and monitor PMTCT program efficacy. There will also be some international training for laboratory personnel to cover specific areas such as HIV viral load, HIV drug resistance testing, CD4 and clinical chemistry, hematology, laboratory management and bio-safety, QA/QC documentation and quality management systems and accreditations as the need arises

Equipment Maintenance and Supply Chain Management Systems

The USG will support the purchase of eight CD4 machines; six to support testing within the OECS countries and two to supported planned expansion of clinical monitoring in Jamaica. Furthermore, one fluorescent microscope to support TB diagnosis, and one minus 80 freezer for sample storage will be purchased for each of the twelve countries. The USG will collaborate with PANCAP, the OECS/HAPU and the Clinton Foundation to streamline and procure similar equipment with maintenance contracts, which will ensure improved negotiation of service contracts and reagent procurement.

Laboratory Information Systems (LIS)

The PAHO and Clinton Foundation are collaborating with various Ministries of Health to strengthen national health information systems including the design and implementation of customized paper and electronic based LIS. The USG will further strengthen these efforts, particularly on the use of simple Excel sheets and customized paper based systems. This effort will also be extended to laboratories belonging to the Ministries of Defense and National Security. The International Laboratory Branch at CDC Atlanta has already developed a well structured paper-based system for the collection and management of HIV rapid testing data that will be introduced to various labs. Similar systems have been developed for DNA PCR to support EID as well as TB diagnosis and QC. These systems will be introduced into all laboratories following various trainings. This will improve HIV/AIDS case reporting, as the systems will provide information for the implementation of one standardized national HIV/AIDS patient registry system which provides both individual patient tracking and the ability to perform facility-level and national cohort and cross-sectional analysis.

Infrastructure Upgrade and Sample Referral Systems

As described above, the USG will support the currently proposed regional tier laboratory back-up and referral systems. This system is proposing to group laboratories in the form of a single "Regional Reference Laboratory" (RRL) that provides referral support to other laboratories, particularly in the area of HIV molecular biology. Lower level laboratories will be empowered to perform assays such as CD4, clinical chemistry, hematology, TB, OIs, STIs and HIV diagnosis within their respective islands. In this case, Barbados has the capacity to serve as the Regional Reference Laboratory for the OECS. However, it currently faces major a challenge due to lack of space with some of the assays being carried out using shipment containers. The government of Barbados has developed its laboratory amalgamation plan, which shows the construction of a facility to create more space, ensure safety and quality testing that will house its current fractioned HIV/AIDS diagnosis and clinical monitoring laboratories. The USG will support this initiative by providing assistance in the construction of this laboratory.



Laboratory Strategic Plans and Policies

National governments and regional groups within the Caribbean region are currently engaged in a program of significant restructuring of their laboratories and will be fully integrated in the current USG proposed PF. In fact, in order to systematically strengthen and achieve adequate laboratory capacity within this tiered regional structure, the USG will support these governments to develop a five year Laboratory Strategic Plans (LSPs) to inform annual operating plans as part of their national and regional health plans. The central purpose of this plan will be to provide a chartered course or road map for improvement and strengthening of the provision and delivery of laboratory services, emphasizing coordination and regional referral systems to ensure equitable access to quality services. The long term goal is have standardized standards, policies, and procedures across the Ministries of Health, Defense Forces and National Security Agencies.

Staffing

The current USG interagency team within the entire Caribbean region only has one Laboratory Advisor without any support staff to meet the demands of the twelve countries. In order to effectively strengthen the laboratory quality management system, improve QA/QC activities, tier with the currently proposed regional referral system and proceed through accreditation processes in various countries, the USG will recruit and train a Quality Officer who will travel throughout the various islands and work with laboratories to improve their overall QA/QC challenges, as well as prepare them for accreditation, where applicable. Also, a laboratory technologist with experience in molecular biology will be recruited and further trained in DNA and RNA PCR and HIV drug resistance testing. This staff will work closely with the proposed Caribbean RRL and hubs to ensure prompt reception of samples, testing and release of results of all molecular assays. The Caribbean PF laboratory support staff will keep constant communication with laboratory managers in the other islands to streamline and correct all logistic and operational problems that may interfere with this exercise. This will build capacity in molecular biology within the region.

Laboratory Operational Studies

The USG will support various countries in laboratory operational research areas that will generate data needed to enhance current activities, particularly those that will support various cross cutting activities. This will include the evaluation of new HIV rapid test kits and estimation of HIV incidence rates to support HIV surveillance and prevention activities. In addition, determination of HIV genetic subtypes, drug resistance patterns and evaluation of new CD4 testing point of care platforms to support care and treatment will be planned.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	5,415,794	
Total Technical Area Planned Funding:	5,415,794	0

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
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MTCT	200,000	
Total Technical Area Planned Funding:	200,000	0

Summary:

The twelve countries that are included in the Caribbean Regional Operational Plan vary greatly in terms of the HIV prevalence among pregnant women (from 0.6 percent in Barbados to five percent in Jamaica). The USG has played a relatively small role in PMTCT interventions in the Caribbean region because of the major role played by the Pan American Health Organization (PAHO) and UNICEF in the provision of technical support to the countries. PAHO and UNICEF have identified the elimination of vertical transmission of HIV and syphilis as one of its priority activities for the region. Through the efforts of PAHO, UNICEF and the Ministries of Health in the Caribbean countries, significant gains have been made in HIV screening of pregnant women and prophylactic treatment to prevent transmission from infected women to their infants, with the goal of eliminating mother-to-child transmission of HIV and syphilis in the region by 2015. Currently, there is widespread HIV testing of pregnant women and provision of prophylactic treatment to mothers and infants in the region. There is some follow-up of HIV exposed infants with DNA-PCR testing. The PAHO/UNICEF strategy to achieve elimination includes:

- ? Enhancing capacity of the Maternal Child Health and newborn services for early detection, care and treatment of HIV and syphilis in pregnant women their partners and infants
- ? Strengthening surveillance of HIV and syphilis in MCH systems
- ? Integrating HIV/STI intervention with sexual/reproductive health services

Given the resources and assistance provided through PAHO and UNICEF, and the capacity of the Ministries of Health in the region, the USG has a small portfolio of activities in PMTCT. USG has provided funding for PMTCT trainings through CHART National Training Centers and is proposing to supply limited funding in 2010 to the Jamaica Ministry of Health. Although there was no plan to support PMTCT efforts in the Partnership Framework, the MOH in Jamaica has requested funding and technical support for PMTCT in the rural areas outside Kingston, Jamaica where the rate of mother to child transmission may be as high as eight percent. Initially, this activity was covered by the PAHO/UNICEF Elimination Initiative but PAHO has recently requested additional assistance from the Caribbean Regional PEPFAR program. Although there has been a significant decline in vertical transmission of HIV in Jamaica from 29 percent in 2002 to less than five percent in 2008, rates outside the Kingston Metropolitan area (KMA) are considerably higher. Jamaica has the highest number of reported AIDS cases among the Partnership countries and the rural area outside of Kingston contributes substantially to the prevalence of HIV among infants. Funding and technical support are being requested to reduce mother-to-child transmission of HIV in ten parishes outside Kingston.

The Jamaica MOH implemented a PMTCT program in 2004 in all major hospitals and health centers with 90 percent testing of pregnant women presenting to antenatal clinics. By 2006, approximately 75 percent of HIV infected women and 85 percent of exposed women received ARVs to prevent mother-to-child transmission. The program currently provides DNA-PCR testing of exposed infants for early diagnosis and treatment of pediatric AIDS. A new protocol for use of Zidovudine and Naviapine for PMTCT has been developed and implemented. The USG will provide funding to the Jamaica MOH to implement a similar program in ten rural parishes outside Kingston.

As additional data on HIV prevalence among pregnant women and rates of mother- to- child transmission in other countries in the region become available, the USG may decide to offer support to additional countries.



Accomplishments since the last COP

USAID Barbados and HRSA have provided funding to the CHART National Training Centers in Jamaica Barbados, and Trinidad/Tobago to conduct a total of sixteen PMTCT trainings. In 2009, HRSA funded sites trained 484 persons through CHART Jamaica. CHART Barbados trained 105 providers and Trinidad/Tobago another 74.

Goals and Strategies in Year One

USG will continue to provide funding in 2010 for PMTCT training through the CHART National Training Centers. Additionally, funding will be provided to the Jamaica Ministry of Health to reduce transmission of HIV from mother to child in ten rural parishes from its current rate of four to five percent to less than one percent by 2014. The plan is to replicate the successful array of PMTCT programs currently implemented in urban Kingston. ARVs for the PMTCT program will be provided through the Global Fund Grant. Training through CHART will be adopted to assure standardization across all programs.

The strategy for PMTCT programming in these ten parishes includes the following:

- ? Improve the capacity of national and regional authorities to plan and implement PMTCT programs with the goal of national/regional leadership by 2014.
- ? Through formative research, gain a better understanding of the structural, cultural, social, and behavioral factors that put women in the 10 parishes at particular risk for HIV and for transmitting to their infants.

The objectives of this program are to:

- ? Increase uptake of PMTCT through outreach and promotional activities
- ? Expansion of and integration of PMTCT services into 4 additional antenatal clinics
- ? Strengthening of lab, surveillance, and early infant diagnosis support to PMTCT programs
- ? Increasing the number of VCT centers with fully functioning PMTCT programs

The proposed activities include:

1. Training of healthcare and social service workers in PMTCT
2. Expanding use of rapid testing to assure that more women get their results
3. Assisting the MOH to establish additional PMTCT sites
4. Improving data collection, management, and use through technical assistance
5. Establishment of outreach programs to reach high risk women in the area

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	290,474	
HVOP	6,345,000	
Total Technical Area Planned Funding:	6,635,474	0

Summary:

Per UNAIDS, the Caribbean continues to be more heavily affected by HIV than any region outside sub-Saharan Africa, with the second highest regional level of adult HIV prevalence (1.0 percent). The AIDS



epidemic is the leading cause of death among Caribbean adults 25 to 44 years of age and has orphaned approximately 250,000 Caribbean children. In 2007, some 14,000 Caribbean nationals died of AIDS, and an estimated 20,000 people were newly infected with HIV. An estimated 234,000 people were living with HIV, with three quarters of those infected living in the Dominican Republic and Haiti. The HIV epidemic is shifting to younger populations, increasingly affecting the most productive segments of society; the epidemic may begin to significantly impact national economies. There are different gender patterns across the region. For example, in 2007, HIV prevalence in young males 15 - 24 years of age in the Bahamas, Barbados, and Jamaica was twice as high as prevalence in the corresponding female cohort. The opposite was true in Trinidad and Tobago, where HIV prevalence in young females 15 - 24 years of age was at least twice as high as prevalence in the corresponding male cohort.

Although limited data are available, the HIV epidemic in the Caribbean appears to be characterized by high rates of infection among MARPS. As in most concentrated epidemics, HIV transmission is primarily sexual in nature, with both heterosexual and homosexual sex driving transmission. Multiple, overlapping risk groups engage in a variety of risk behaviors including multiple partnerships, unprotected vaginal and anal sex, transactional sex, and commercial sex. Key vulnerable groups engaging in high risk behavior in the region have been identified as: sex workers (male and female), men who have sex with men (MSM), women engaged in transactional sex, uniformed populations, at-risk youth, and abusers of drugs and alcohol. The anomaly about the Caribbean epidemic, however, is that men who state they are heterosexuals actually engage in "hidden" sexual encounters with other men. The USG will focus its efforts during the next two years on filling some of the vital information gaps to better inform the countries on the true nature of their epidemics. Attention will be paid to targeting resources and plan for their prevention efforts and how the USG TA can be directed to enhance these efforts to avert new HIV infections. Other contextual factors such as the availability of technical, financial and human resources; along with cultural, religious, policy and political environments, will also be used to inform and direct USG TA.

Within the Caribbean region planning strategies for HIV prevention has relied heavily on incomplete and limited prevalence data. The larger countries under the PF such as Jamaica, Trinidad, Suriname and the Bahamas, while having high HIV prevalence, have also benefitted from having better surveillance systems to gather better data, as well as their ability to mobilize national and external resources to scale up their national prevention efforts. The prevention efforts in the smaller countries have had different technical assistance needs. Their fragile economies and overall limited resource capacities have prohibited them from scaling up prevention efforts to impact their concentrated epidemics. To date, resources have been heavily targeted on the scale up of care and treatment services, with most prevention efforts being limited and focused on the general population and on PMTCT. During the life of the PF the USG will focus technical assistance in the smaller countries on mounting effective, targeted and technically sound, and sustainable prevention strategies, and on building their capacities to design, implement, monitor and evaluate these strategies over time. In the larger countries, the USG will assess the factors which have limited the success of these programs to reduce the HIV incidence or prevalence in these countries.

A variety of underlying contextual factors contribute to the vulnerability of individuals in the Caribbean region to HIV infection. Stigma and discrimination against MARPs and people living with HIV (PLHIV) inhibit access to prevention, care and support services for these groups. Cross-border migration, combined with socioeconomic challenges, further limits the access of certain risk groups to key HIV prevention services. Gender-based disparities, including economic disparities, contribute to the particular vulnerabilities of women and girls in the region. Finally, specific cultural and behavioral patterns related to sexuality, including the early initiation of sex, taboos related to sexuality, and the influence of religious beliefs, may contribute to behavioral risk factors and the epidemiology of HIV/AIDS in the region.

Although most countries in the Caribbean have National Strategic Plans for HIV/AIDS, the priority is



placed on treatment with less attention paid to prevention, care and to the multi-sectoral response. Of particular concern is the fact that Caribbean public and non-governmental (NGO) sector responses are rarely provided to persons engaged in high risk behaviors. Among the major obstacles to effective HIV prevention programs for these hidden and marginalized populations are high levels of stigma and discrimination, including homophobia, existing legislation criminalizing prostitution and homosexuality, and cultural and religious mores. At the regional level, PANCAP, as the GF recipient, will implement activities meant to "Reduce HIV infection in vulnerable populations" through behavior change activities targeting migrants and mobile populations, sex workers, drug users and marginalized youth.

Through the US- Caribbean Regional Partnership Framework (PF), the USG will leverage its expertise and resources, along with that of its national, regional, multilateral and other donor counterparts, including the Global Fund, to coordinate a response aimed at reducing the sexual transmission of HIV. The PF will concentrate on reaching underserved persons engaging in high-risk behaviors (MARPs) and HIV infected persons with a comprehensive HIV prevention strategy, drawing on the tenets of combination evidence-based prevention methodologies that integrate biomedical, behavioral and structural elements.

Accomplishments since last COP

In the Caribbean region, the USG activities currently address the particular needs of MARPS such as sex workers, men who have sex with men, women engaging in transactional sex, military populations and at-risk youth. The USG has developed experience in understanding the specific contexts and addressing the vulnerabilities of these populations in the Caribbean. In addition, the USG has developed the capacity of nascent community-based MARP organizations to implement prevention activities and advocate for their own needs at local and national levels. In continuing to focus on the urgent needs of MARP, the USG will maximize its immediate impact on reducing HIV transmission in the region and will develop the capacity of local organizations to carry-out activities in the future.

Accomplishments since the last COP include the initiation of HIV prevention programs in sexual prevention activities with the Barbados Defense Force (BDF-Barbados), Trinidad and Tobago Defense Force, and completion of planning assessments (including KAP and BSS surveys in Bahamas and Belize, respectively) and focus groups in the Belize Defense Force (BDF), the Jamaica Defense Force and Suriname National Army (SNA).

Over the last year, USAID/EC through the Caribbean Community Action Project (EC-CAP), was able to reach those individuals who have the greatest need for HIV prevention, counseling and testing, care and support services. The EC-CAP, currently implemented in four countries - Antigua and Barbuda, Barbados, St Kitts and Nevis and St Vincent and the Grenadines - has reached 7,572 new people through Inter Personal Communication Interventions; designed a prevention intervention combining CDC-approved Sisters Informing Sister on Topics about AIDS (SISTA) and Popular Opinion Leader (POL) for women in industrial factories in St. Kitts; distributed 570,345 male condoms, 10,172 female condoms, and 157,724 lubricants; reached 500 church members with stigma and discrimination activities; and provided grant funding to four NGOs. These achievements have contributed to CHAA achieving scale up and impact at the national level, and a greater level of involvement with national stakeholders and partners, including National AIDS Programs (NAPs) and a variety of civil society organizations, which will aid sustainability efforts.

USAID/Jamaica supports The National HIV/STI Program (NHP), which has led the Government response to the HIV epidemic since 1986, relying on several implementing agencies to roll out the response including all government ministries, employers and workers, the business sector and non-governmental organizations including faith based organizations. Currently a few NGOs implement outreach programs for MSM and SW community that include peer education, skills building workshops



and social support as well as efforts to empower communities to organize themselves and take responsibility for their lives.

Peace Corps / Eastern Caribbean (PC/EC) has utilized PEPFAR funds to enhance skills and capacity of communities and local community leaders to design and implement HIV interventions, behavior change communication and interventions tailored to most at-risk populations and HIV grant preparation, management and implementation.

Goals and Strategies for Coming Year

The USG Prevention Strategy for the next five years in the Caribbean region will contribute to the Caribbean Regional Strategic Framework goal of reducing the estimated number of new HIV infections by 25% by 2014. The USG will do this through a combination of technical assistance, capacity building and financial support to develop the capacity of regional and national entities to plan, implement, and evaluate evidence-based, comprehensive HIV prevention programs targeting MARPs. This will include evidence-based prevention activities of a "combination" prevention strategy that integrate biomedical, behavioral and structural elements.

The USG will build the capacity of local, national, and regional bodies to implement a range of behavioral prevention interventions. USG will provide technical assistance centered on providing a minimum package of services for MARPs, including community behavior change activities, peer education counseling, clinic and community-based prevention with positives, targeted social marketing, condom distribution and promotion, and promotion of counseling and testing services. USAID will fund a follow-on award to the successful EC-CAP program targeting most at-risk populations. This program, currently active in four small countries of the Eastern Caribbean, will be scaled up to the rest of the Eastern Caribbean, and in collaboration with CDC, will also target the larger countries of Trinidad and Tobago, Suriname, and Bahamas. USAID/Jamaica will evaluate the feasibility/applicability of the Evidence-Based Interventions (EBIs) in the Caribbean region and will implement programs as appropriate. In close collaboration with national military authorities, the Department of Defense will expand its community and interpersonal communication activities, condom distribution and promotion, as well as in-service trainings and strategic information activities with uniformed services. Peace Corps will continue to implement community events and interpersonal communication activities, with a focus on at-risk youth, men and boys. HRSA will work with national and regional partners to develop the technical skills of staff in all required aspects of prevention care and treatment for HIV. Finally, implementing agencies, such as PANCAP, will implement advocacy activities that promote the rights of MARPs.

Biomedical interventions are essential elements of a combination prevention strategy. The USG anticipates that national authorities will continue to provide screening and treatment for sexually transmitted infections, with the addition of counseling and testing of persons exposed to HIV+ people. CDC, USAID, and HRSA will support these efforts with training and 'sensitization' of providers to the particular needs of MARPs. In addition, in FY10 the USG plans to assess the relevance and feasibility of male circumcision as a public health intervention in Suriname. Based upon the results of planned modeling exercises and feasibility assessments, PEPFAR Caribbean will provide technical assistance for male circumcision pilot programs in countries interested in adopting male circumcision as a prevention intervention.

Structural interventions relevant to the Caribbean context include: reducing stigma and discrimination; self-help empowerment efforts; creating an enabling environment conducive to PEHRB interventions; providing access to medical, social, and legal services for MARPs; policy reform to increase access to testing; and legal and policy reform to protect the rights of MARPs. An important emphasis of USG interventions will be to build capacity to decrease stigma and discrimination through multi-level communication campaigns including mass media, community activities, and policy-level advocacy. CDC



and USAID will continue to advocate for policy reforms that would increase access to rapid testing, allowing for the possibility of scaled-up, community-based testing of MARPs. In coordination with these efforts, CDC will strengthen lab services to provide high-quality HIV testing services. The USG will also increase access to medical, social and legal services for MARP through a comprehensive referral system. Finally, the USG will build the capacity of civil society groups, led and managed by PLWHA, MSM, and other risk groups to conduct advocacy to improve the enabling environment for PEHRB interventions.

To maximize the use of evidence in prevention planning, PEPFAR Caribbean will carry out the strategies described above in a series of phases. During the first phase of the prevention strategy, PEPFAR Caribbean will focus on maintaining and scaling up current effective prevention interventions, as well as gathering data to support decision-making regarding new activities. At the same time, the USG will expand its prevention activities to new technical areas for which the evidence-base is already robust, including the expansion of community-based PwP services; strengthening laboratory services and availability of rapid testing to improve the accessibility and quality of counseling and testing services; and conducting multi-level media campaigns to combat stigma and discrimination.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	3,152,409	
Total Technical Area Planned Funding:	3,152,409	0

Summary:

The three areas of strategic information (SI) "surveillance, monitoring and evaluation, and health information systems" are the cornerstones of highly effective planning and decision-making for successful health systems and programs. While many of the Caribbean countries have identified these three as priority areas in their national HIV/AIDS strategic plans, the activities linked to these priorities have only materialized in a few of the countries. To improve availability, quality and use of strategic information in the Caribbean, countries must strengthen their information systems, surveillance and monitoring and evaluation capacity. The USG is partnering with regional, national and local organizations to help strengthen these areas.

Accomplishments since last COP

The USG interagency Caribbean regional team has worked in partnership with Caribbean governments and regional entities to achieve a number of successes in the implementation of SI activities and strengthening of country capacity to develop and establish surveillance, M&E and HMIS systems.

Monitoring and Evaluation is a programmatic priority for the Jamaica HIV response. Over the past years, Jamaica's M&E system was strengthened by the development of an M&E plan, streamlining data collection tools (e.g. ARV treatment registers, stakeholder reports), conducting evaluations of programs, and capacity building of stakeholders (workshops, training etc). While there still remain some gaps in data collection and the overall health information system, dissemination of research findings has improved over the last few years.

In Barbados, the CDC has worked closely with the MOH to implement HIV case reporting, develop an HIV rapid testing policy, and produce national epidemiological report that provides better understanding of the epidemic in Barbados. CDC has also funded surveillance officers in Jamaica and Trinidad and Tobago to strengthen and support surveillance programs in-country.



During FY 2009, USAID/Barbados through the International HIV/AIDS Alliance (IHAA) and its sub partners the Caribbean HIV/AIDS Alliance (CHAA) and the University of California- San Francisco (UCSF), completed 2 of planned 4 studies, focused on: The "Feasibility of the Evidence-Based Interventions for reducing HIV risk among women in a Small Island State in the Caribbean (St. Kitts)" and "An HIV and AIDS Situational Assessment: Understanding populations at risk for HIV infection in St. Vincent and the Grenadines." These studies have contributed to an upgraded knowledge and stronger base for effective HIV/AIDS programming for MARPs in these countries. UCSF and CHAA also conducted a series of training activities for local individuals in research skills so that they could actively participate in conducting these surveys and studies.

During FY 2009, CDC has been working in collaboration with PAHO Caribbean Regional Office (PHCO) in developing harmonized methodologies for data collection, implementation of case reporting and provision of surveillance-related technical support to countries. Accomplishments included PHCO's support for acquisition of hardware in the Bahamas and Belize for a regional surveillance database, assistance with the production of surveillance tools and reports, completion of Patient Information Systems assessment in Trinidad and Tobago, and an evaluation of the HIV surveillance system in the Bahamas.

In collaboration with the Organization of Eastern Caribbean States (OECS) Secretariat, UNAIDS, CHRC, USAID/Barbados, and the CHAA, CDC designed and conducted a Data Analysis Workshop for 11 Countries, and participated in regional M&E technical working Group meetings on behalf of the USG CDC also provided programmatic and M&E technical support to the OECS Global Fund Grant, including assistance with target setting for the Year 5 and No-Cost Extension periods.

Under a current cooperative agreement with CDC, the Caribbean Health Research Council provided M&E training and technical assistance to Ministries of Health, under a CDC Cooperative Agreement. CDC-CRO was also a partner in the October 2009 UNAIDS CRIS Workshop, and CDC participation in the October 2009 PAHO PHCO Meeting on HIV Drug Resistance.

DOD accomplishments since the last COP include planned and ongoing strategic information activities in the Jamaica Defense Force (JDF), Trinidad and Tobago Defense Force (TTDF), Royal Bahamas Defense Force (RBDF) and Belize Defense Force (BDF) using Defense Health Program funds. A BSS survey instrument is currently being developed with the JDF, and ongoing surveys are being/will be conducted with the TTDF (pending IRB review), RBDF (KAP survey underway) and BDF (BSS underway).

Goals and strategies for the coming year

The USG strategy will be to work within national structures to implement SI priorities identified in the Framework through a phased, results-based technical assistance model approach, including enhancement of surveillance and reporting systems, improving capacity to monitor and evaluate national responses to HIV, and building of human and systems capacity to systematically collect data that is useful in the characterization of their epidemics and development of effective program responses.

Survey and surveillance activities will be specifically targeted to gather accurate and reliable information on the number of individuals infected with HIV. Incidence of HIV in high risk groups for each country needs to be determined in order to effectively plan for targeted interventions and identify emerging issues in key populations. Through Implementing Mechanisms for Surveys and Surveillance of MARPs and Drug Users, CDC will be providing focused country-level technical support to the Ministries of Health of Saint Kitts and Nevis, Belize, Suriname, Saint Vincent and the Grenadines, in addition to providing additional support through Cooperative Agreements with the Ministries of Health of Barbados,



Trinidad and Tobago to conduct behavioral surveys of MSM and FSWs, and other MARP sub-groups. In Dominica, CDC will be continuing a cooperative agreement with the Ministry of Health focused on the roll-out of systems for HIV Case Reporting to support the diagnosis and follow-up of new cases of HIV/AIDS within the general population and among MARPs.

On a regional level, CDC will continue support of regional partnerships through the scale-up of implementing mechanisms with the PAHO HIV Caribbean Office and the Caribbean Health Research Council. CDC will partner with PAHO to assist with the implementation of regional guidelines for surveillance (including second generation surveillance). CDC will partner with CHRC to implement a results-based M&E training and capacity building strategy for the 12 USG Focus countries, reinforced by in-country mentorship and supportive supervision.

A CDC Regional Training Implementing Mechanism has been included in the USG Caribbean Regional Partnership Framework to expand the critical mass of surveillance, M&E, and epidemiologists at country level with skills in Advanced Data Analysis, Advanced Epidemiology, and Population Size Estimation.

On the national level the CDC will work closely with the Ministries of Health in Barbados, Trinidad and Tobago, Jamaica, the Bahamas, Belize, Suriname, and the Eastern Caribbean Islands of Antigua and Barbuda, Dominica, St. Lucia, St. Vincent and the Grenadines, Grenada, and St. Kitts and Nevis to provide Monitoring and Evaluation training and technical assistance through Implementing mechanisms for Regional M&E TA. This assistance will be undertaken in close collaboration with USAID/Eastern Caribbean under the Measure III Project, and will seek to address gaps in the collection, analysis and use of M&E data for program improvement at all levels in the national program and where applicable integrated throughout the health sector. MEval III will be requested to provide focused technical assistance in the OECS Member States, assisting with either the completion of M&E Assessments as per one of the deliverables under the current OECS Global Fund grant or the implementing some of the recommended actions for improving M&E systems in the OECS countries based on these assessments.

In Jamaica, the USG plans on supporting the Regional Health Authorities and NGOs to implement the M&E plan and to also implement a web-based class 1 notification system to facilitate reporting and better tracking of diseases including HIV/AIDS and TB. This database will be rolled out to all stakeholders with capacity building support to utilize the system in addition to advanced M&E training in impact and outcome evaluation.

In Barbados, CDC will continue to provide assistance to the MOH in achieving its SI goals and targets within the National Strategic Plan. One of the areas of assistance will be improvement of epidemiological data through behavioral surveys of identified MARPS in the country. In addition to this, CDC will support the salary of a surveillance officer and the MOH will take over the financial responsibilities after the third year for sustainability. Additionally, CDC will continue to provide technical assistance in routine surveillance system strengthening and the integration of HIV/STI services into the health system.

Under a three-year cooperative agreement, CDC will work closely with the St. Lucia Ministry of Health and National AIDS Secretariat to develop an HIV/AIDS epidemiological profile, in addition to assisting with the implementation of a behavioral and sero-prevalence survey for identified at risk populations. CDC will also work with close collaboration with the St. Lucia MOH to provide M&E technical assistance in support of the Ministry's recently updated national M&E plan for HIV/AIDS.

In FY 2010, the IHAA/CHAA and UCSF will complete the remaining studies, which include the rapid assessment study for St. Vincent, the intervention feasibility study for St. Kitts and the FBO study for St. Vincent, which were taken to preliminary findings, final report or dissemination stage during FY09. The



data collection that was 95% completed for the FBO study in Antigua and completed for the Mpowerment study in Barbados, will be completed under this project. During FY 2010, CHAA will employ the use of three proven, effective evidence-based interventions Popular Opinion Leaders (POL), Sisters Informing Sisters on Topics about AIDS (SISTAS) along with Mpowerment to address the fundamental issues of the impact of gender inequalities in HIV/AIDS in St. Kitts and Barbados respectively.

HIV and other STI bio-behavioral surveys will be carried out in collaboration with the Defense Forces of Barbados and in conjunction with the Defense Forces of St. Kitts and Nevis and Antigua, Bahamas, and Suriname by the DOD in order to improve evidence-based programming and the understanding of the HIV risk factors in these populations. Other DOD activities include assistance with operations research to determine the efficacy of prevention interventions on key behavior and health outcomes, and training of Military officials in surveillance, data collection and analysis, and use of data to improve the quality and cost-effectiveness of HIV prevention, treatment, care, and support services in militaries.



Technical Area Summary Indicators and Targets Antigua and Barbuda

(No data provided.)



Technical Area Summary Indicators and Targets Bahamas

(No data provided.)



Technical Area Summary Indicators and Targets Barbados

(No data provided.)



Technical Area Summary Indicators and Targets Belize - Carribean

(No data provided.)



Technical Area Summary Indicators and Targets Dominica

(No data provided.)



Technical Area Summary Indicators and Targets Grenada

(No data provided.)



Technical Area Summary Indicators and Targets Jamaica

(No data provided.)



Technical Area Summary Indicators and Targets St. Kitts and Nevis

(No data provided.)



Technical Area Summary Indicators and Targets

St. Lucia

(No data provided.)



Technical Area Summary Indicators and Targets St. Vincent and the Grenadines

(No data provided.)



Technical Area Summary Indicators and Targets Suriname

(No data provided.)



Technical Area Summary Indicators and Targets Trinidad and Tobago

(No data provided.)



Technical Area Summary Indicators and Targets Caribbean Region

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12531	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12541	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12542	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12544	Academy for Educational Development (AED)	Implementing Agency	U.S. Agency for International Development		
12549	Caribbean Community (CARICOM)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease	GHCS (State)	500,000

			Control and Prevention		
12552	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12566	TBD (Proposed - Health Systems 20/20)	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	500,000
12567	Ministry of Health (MOH)	Implementing Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	375,000
12570	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12575	Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
12594	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

12596	Junior Achievement	Implementing Agency	U.S. Agency for International Development	GHCS (State)	50,474
12597	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	905,000
12603	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12604	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12632	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12633	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12634	Dominica MOH	Host Country Government Agency	U.S. Department of Health and Human	GHCS (State)	150,000

			Services/Centers for Disease Control and Prevention		
12636	TBD	TBD	U.S. Agency for International Development		Redacted
12639	TBD	TBD	U.S. Department of Health and Human Services/Health Resources and Services Administration	Redacted	Redacted
12640	University of North Carolina (UNC)	Implementing Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	355,000
12642	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12643	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12644	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease	Redacted	Redacted

			Control and Prevention		
12645	World Learning	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	680,000
12650	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12668	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12680	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12688	Caribbean Health Research Council	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	270,000
12689	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12691	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
16309	University of the	Parastatal	U.S. Department	GHCS (State)	400,000

	West Indies		of Health and Human Services/Centers for Disease Control and Prevention		
16313	US Embassies	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000
16317	Fun4Kidz	Implementing Agency	U.S. Agency for International Development	GHCS (State)	100,000
16326	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
16355	Ministry of Labor and Social Security (MOLSS)	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	100,000
16363	Caribbean Community (CARICOM)/Pan-Caribbean Partnership against HIV/AIDS (PANCAP)	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	300,000



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12531	Mechanism Name: Regional Laboratory Accreditation
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to assist countries within the region in the implementation of the ISO 15189 Quality Management System (QMS) and accreditation of their laboratories. Previous Caribbean-led regional laboratory strategies have trained over 1,000 laboratory personnel within the region on the ISO 15189 QMS but due to extensive requirements and the involved process for obtaining laboratory accreditation, the training alone did not lead to accreditation of laboratories in the region. Recognizing the challenges of past accreditation efforts, the USG, in collaboration with a TBD partner, will provide financial and technical support to laboratories to achieve accreditation using the user friendly WHO-AFRO stepwise approach. This activity will target the four National Reference Laboratories of Barbados, Jamaica, Bahamas, and Trinidad and Tobago. This mechanism is in direct support of the USG Caribbean Partnership Framework Laboratory Systems Goal 3, Objective 3.2: Improve laboratory systems and services, Sub-Objective 3.2.2: Accreditation.

Through this mechanism, national and regional capacity for quality management systems and monitoring of laboratory quality through accreditation will be improved. Such an inbuilt system with a participatory



approach will ensure both short and long-term ownership and sustainability of laboratory quality management systems within the entire Caribbean region.

The USG and TBD partner will work in close collaboration with the government of Barbados, Jamaica, Bahamas, and Trinidad and Tobago countries to ensure compliance and monitoring during the three year accreditation process, including quarterly reports outlining progress within the WHO-AFRO stepwise laboratory accreditation process. The overall indicator will be the number of laboratories accredited. This mechanism will also assist countries within the region to effectively implement and participate in Proficiency Testing (PT), which is a critical aspect of EQA. The mechanism will support the purchase and distribution of PT panels to the National Reference Laboratories of all the twelve countries within the region to assist in monitoring the quality of clinical laboratory results. The skills of Quality Officers among the 12 countries to prepare and distribute DST to monitor HIV rapid testing will also be improved through this mechanism.

Various countries within the region currently lack the skills and knowledge to set-up and manage PT programs. Lack of PT standards has an impact on the quality of results. Through this mechanism, USG will work in collaboration with a TBD partner to assist countries to establish EQA preparation, procurement and distribution systems. It is anticipated that at the end of the third year, countries within the region would have acquired the necessary skills and be able to effectively manage their own EQA programs.

An average of three PT panels is shipped to clinical laboratories per year. This mechanism will be monitored by the number of PT panels that each laboratory participated in per year as well as the scores obtained. A minimum of 95% proficiency score per year will be considered adequate.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12531		
Mechanism Name:	Regional Laboratory Accreditation		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HLAB	REDACTED	
Narrative:			
<p>The PAHO Caribbean Regional Office in collaboration with the CDC Global AIDS Program Atlanta International Laboratory Branch, have initiated discussions with the WHO-AFRO on the introduction of the recently launched WHO-AFRO stepwise laboratory accreditation scheme within the Caribbean region. AFENET in collaboration with USG (lead by CDC GAP Atlanta and CDC CRO) will use this scheme and work with the 4 National Reference Laboratories of the Barbados, Jamaica, Bahamas, and Trinidad and Tobago to outline opportunities to enhance current practices, identify gaps and barriers to the achievement of Good Clinical Laboratory Practices (GCLP) and provide mentorship towards accreditation of these laboratories. AFENET will organize work sessions with in-country government officials, laboratory personnel, and management and quality officers to introduce the WHO stepwise scheme. AFENET will carry out the following activities: conduct gap analysis, collect and document all relevant information within the laboratory QMS, identify and document non-conformances, and classify laboratories according to the WHO checklist. Furthermore, AFENET will participate in the resolution of non-conformances, assist in establishing laboratory documents including laboratory policy manuals, SOPs, and procedures, fully implement the ISO 15189:2003 QMS, and define steps and actions to move laboratories to WHO-AFRO accreditation scheme step five. This activity will continue for a period of three years.</p> <p>AFENET will work with National Reference Laboratories of the twelve countries under the current USG Partnership Framework to register and participate in EQA proficiency testing (PT) for HIV serology, CD4, hematology, chemical pathology, and TB diagnosis. In addition, the Barbados Reference Laboratory and laboratories in Jamaica, Bahamas, Trinidad and Tobago and Suriname with molecular testing capacity will be registered to participate in PT for viral load and DNA PCR. AFENET will work with the Regional Reference Laboratory (RRL) in Barbados, Jamaica, Bahamas, Trinidad and Tobago, Belize and Suriname to implement the Dried Tube Specimen PT activity for HIV rapid testing. Specifically, AFENET will organize training workshops on quality assurance for HIV testing for the Dried Tube Specimen (DTS) technology for EQA in serology, printing and dissemination of standardized logbooks for use at all HIV testing sites. AFENET will assist in developing SOPs and shipment guidelines for the RRL in Barbados to prepare and ship DTS to OECS countries, as well as for the other countries in the region. In summary, AFENET will support the distribution of PT panels, collection of results, and supervisory activities.</p>			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 12541	Mechanism Name: Surveys & Surveillance
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to strengthen surveillance of drug users (DU) in selected countries. The activities under this mechanism will complement the PEPFAR Partnership Framework (PF) goal for strategic information; which includes conducting surveys to know the distribution of the epidemic among the general population and specifically amongst MARPS in order to establish baselines for the implementation of interventions. There is a current lack of data on DU in the region. Furthermore, during in-country consultation discussions for the Partnership Framework Implementation Plan (PFIP), some countries requested assistance with both the size estimations of DU in country and determination of prevalence amongst these groups. The objectives of this mechanism will be achieved through the technical assistance and implementation of behavioral and biological surveys amongst DU populations to better inform and plan for appropriate prevention, intervention and treatment and care programming. This mechanism will be conducted through competitive FOA.

The DU population in the region has not been well studied and surveyed to determine its contribution to HIV incidence in countries. This mechanism will assist selected countries in determining the sizes of their DU population, documenting the behavioral characteristics and measuring prevalence in this population. Countries receiving this assistance will be selected based on need, preparedness of the country to implement, estimated levels of population sizes and estimated prevalence for DU in the country. We will



work in 3 to 6 countries with the priority countries being St. Lucia and Trinidad and Tobago. These surveys will be a critical contribution to the countries knowing their epidemic as well the drivers in the epidemic. They will also complement activities by CDC and PAHO/PHCO (PAHO HIV Caribbean Office) in strengthening of surveillance systems in the region and assisting countries in the development of accurate epidemiological profiles.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12541			
Mechanism Name: Surveys & Surveillance			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	REDACTED	
Narrative:			
<p>As part of their National Strategic Plans and in alignment with the Partnership Framework, countries will be implementing activities to strengthen their surveillance systems to better define their epidemics and improve their M&E systems to better plan, develop and implement their programs. Conducting these surveys in a systematic manner will provide countries with behavioral and biological information of DU populations and their dynamics within the epidemic. The overarching goal for these surveys is to assist countries in knowing their epidemic.</p> <p>This mechanism will focus on countries based on the estimated size of DU population. The priority countries based on request during PFIP consultations, need, preparedness, estimated size of DU and prevalence of HIV in DUs are St. Lucia and Trinidad and Tobago. Other countries may conduct these surveys based on the determined criteria. The identified partner will provide technical assistance and implement surveys with input and collaboration with the MOHs. The technical assistance will involve</p>			

training on population size estimates, implementation of biological and behavioral surveys and actual implementation of behavioral and biological studies on DU population. The goal is to have countries use quality data that is generated in-country for policy, program development and reporting (epidemiological profiles and national strategic plans). Preliminary assessments will be conducted to assist in the determination of the readiness of the countries to receive assistance and funding. This effort will also complement and support activities with PAHO/PHCO in surveillance system strengthening at national and regional levels.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12542	Mechanism Name: SI Regional Training
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC will provide regional trainings to build competencies and skills in the following areas: Data Analysis and Report-Writing, and Advanced Epidemiology, training in MARPs Population Size Estimation and Implementation, and training in Advanced Data Analysis/Development of Epidemiological Profiles.

These activities are in line with the strategic information goal in the PEPFAR Partnership Framework. These trainings will complement planned CDC technical assistance to the 12 USG Focus Countries in



surveillance and M&E systems strengthening, and also help to improve the capacity of countries to generate high quality, reliable data in order to characterize the epidemic within the general population and among MARP sub-groups.

The target audience for these trainings include: M&E and Surveillance Officers, National Epidemiologists, Health Information Officers, National HIV/AIDS Program Coordinators, facility-based providers, and community health providers. These trainings will be undertaken regionally, involving the 12 PF Focus Countries.

CDC will undertake the planning and implementation of these activities in close collaboration with other USG Agencies – including USAID, and regional partners such as UNAIDS and PAHO PHCO.

CDC will work in close collaboration with countries and regional partners to develop training activities that respond directly to current country-level priorities for the analysis, use, and dissemination of data for decision-making and program improvement. Regional trainings will be planned in conjunction with a regional training plan to ensure that all activities are timed to complement schedules and priorities for the publishing of annual reports for surveillance and M&E, as well as the generation of data to inform the planning of MARPs behavioral surveys

Activities under the SI Regional Training portfolio will contribute to Objectives 2.1, 2.2, and 2.3 under the Goal Areas 2 (Strategic Information). Progress will be reported on a semi-annual and annual basis via the SAPR.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12542
Mechanism Name:	SI Regional Training
Prime Partner Name:	TBD



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	REDACTED	

Narrative:

On an ongoing basis, CDC will provide regional and country-level strategic information training and technical assistance. Planned activities include: Data Analysis and Report-Writing, and Advanced Epidemiology, training in MARPs Population Size Estimation and Implementation, and training in Advanced Data Analysis/Development of Epidemiological Profiles.

This implementing mechanism will complement efforts by CDC and other USG partners in the areas of surveillance and M&E systems strengthening for the 12 PF Focus. Activities supported with FY08 monies include: Training in Advanced Epidemiology, and Training in Advanced Data Analysis/Development of Epi Profiles. Two Regional Data Analysis and Report Writing Workshops will be completed with FY-08 and FY09 monies, as part of a strategy to assist countries with developing annual surveillance and M&E reports for dissemination and publication. A regional Size Estimation Training will be conducted in FY'10, in conjunction with country-level plans to undertake activities related to behavioral surveys and completion of MARP special studies.

The MOH will also finalize a review of its current HIV/AIDS dataset to address any gaps and improve the range of data being collected. Monies for FY08, 09, and 10 will also be utilized to support the development and implementation of behavioral surveys and special studies on MARPs, expanding the availability of behavioral surveillance data on selected MARP sub-groups, including MSM, CSW, and Drug Users.

CDC will work in close collaboration with the MOH to monitor country-level progress with the implementation of knowledge and skills from these regional trainings. Joint reviews, site visits, and observation of selected activities will be core components of a supportive supervision and quality assurance strategy for this implementing mechanism.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12544	Mechanism Name: C-Change
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Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development (AED)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative

C-Change’s goal is to improve the effectiveness and sustainability of social and behavior change communication applied to programs, activities, and tools. C-Change works with global, regional, and local partners to incorporate knowledge about the social determinants and underlying causes of individual behaviors and takes into account research and lessons learned from implementing and evaluating activities. Employing innovative and tested methods, C-Change works to meet the continuing challenges posed by evolving health issues that require a behavior change communication approach. C-Change also works to strengthen the capacity of local organizations to plan, implement, and manage programs, thus ensuring sustained local knowledge and skills.

C-Change will support the Partnership Framework’s Strategic Objective 1 to build human, technical, and institutional capacity in Jamaica as well as in the Bahamas to effectively develop, implement, and sustain comprehensive HIV prevention strategies. The mechanism will provide technical assistance to scale-up behavior change interventions targeting PEHRB, especially MSM and CSW in Jamaica and the Bahamas. C-Change will work with local NGOs and the MOH from both countries to strengthen existing resources, tools, and interventions.

The program will adapt PEPFAR materials and messages from other PEPFAR countries for use in the Caribbean to achieve cost-effectiveness. By providing training to local NGO staff and volunteers, the program will work closely with communities to ensure sustainability and linkages with other services. The program will begin with a baseline assessment and will collect data throughout the life of the program in order to monitor progress and measure results.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12549	Mechanism Name: CARICOM
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Caribbean Community (CARICOM)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Strengthen the capacity of the PANCAP Coordinating Unit in the technical areas of planning and



resourcing, strategic information, communication and policy analysis to ensure the most effective Caribbean regional response to HIV and AIDS

Enhance the capacity of the PANCAP Coordinating Unit to gather, organize, store, analyze, and disseminate strategic information to all PANCAP partners utilizing modern methodologies and technologies. The objectives of this agreement are:

- 1) Strengthen the capacity of the PANCAP Coordinating Unit in the technical areas of planning and resourcing, strategic information and communication and policy analysis to ensure the most effective Caribbean regional response to HIV and AIDS;
- 2) Enhance the capacity of the PANCAP Coordinating Unit to gather, organize, store, analyze, and disseminate strategic information to all PANCAP partners utilizing modern methodologies and technologies;
- 3) Strengthen the capacity of the PANCAP Coordinating Unit to provide support and value-added services to the various organs of PANCAP – Regional Coordinating Mechanism (governance and policy), Annual General Meeting (consensus and implementation), Priority Areas Coordinating Committee (planning, harmonization and collaboration) and other Technical Working Groups as well as to Regional Partner Organizations and National Programs.

These objectives will support the Partnership Framework Human Capacity Development Goal: To improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers – including public sector and civil society personnel, as well as PLWHA and other HIV-vulnerable populations – capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards. This mechanism will cover the 12 participating partnership framework countries, utilizing a regional approach for implementation of activities, which will promote health systems strengthening in the Caribbean region. There are no cross-cutting programs or issues identified at this time. In order to maintain cost effectiveness, PANCAP will collaborate with other regional and international agencies to develop and harmonize implementation of activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 12549			
Mechanism Name: CARICOM			
Prime Partner Name: Caribbean Community (CARICOM)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	500,000	

Narrative:

The activities slated for implementation during Year One were described as follows:

- 1) In year one, begin to expand and strengthen the core capacity of the PANCAP Coordinating Unit to fulfill its critical strategic information and communication, policy analysis, strategy development and recourse allocation mission. This will be accomplished over the first 6 months by filling six (6) high-level technical staff members of the PANCAP Coordinating Unit, namely:
 - ? Head, Strategic Information and Communication Division
 - ? Two Information and Communication Officers
 - ? One Webmaster/Network and Systems Administrator
 - ? One Strategy and Resourcing Officer
 - ? Head, Policy Analysis Division
- 2) By the end of year one, complete the development of a plan to design, implement and thus establish the PANCAP Regional HIV and AIDS data and strategic information electronic repository. The specific output is the rationalized plan.
- 3) Starting in year one, begin the acquisition, organization and analysis of data, information and performance documentation from countries and regional support agencies to populate the repository and produce and disseminate special, bi-annual and annual reports designed to increase awareness of key challenges, successes, expertise and best practices surrounding HIV and AIDS in the entire Caribbean region. Output is the dissemination of special, bi-annual and annual reports.
- 4) Beginning in year one develop, post and publish regional reports documenting progress made and challenges encountered in achieving HIV and AIDS related goals and targets set by United Nations General Assembly Special session on HIV and AIDS. Output is the regional reports.
- 5) Document and disseminate information and highlights of at least one best practice in the management and implementation of HIV and AIDS programs commencing with an HIV and AIDS Model Pilot Program beginning in last quarter of 2008 in Dominica. Outputs are the lessons learned and best practice summaries.
- 6) The production and posting on the web-site of 12 monthly issues of a PANCAP electronic newsletter which contains regional updates on HIV and AIDS science, program implementation, new funding and proposed activities. Outputs are the newsletters.



7) On an ongoing basis, conduct and disseminate policy analysis in areas of key regional importance in order to provide examples of policy models and to provide technical assistance to assure stronger and more consistent regional policy guidance for National and Regional HIV and AIDS Program in the entire Caribbean region and to post these on the web-site. Outputs are the dissemination of at least one key policy analysis document each year.
 This cooperative agreement will be monitored through annual reviews and site visits.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12552	Mechanism Name: Regional RELTP
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism will support the training of Field Epidemiologist to strengthen the public health capacity within the Ministries of Health (MOH).

This implementing mechanism is in direct support of the USG Partnership Framework Goal 4: Health Systems Strengthening which includes human capacity development and overall health system sustainability as well as USG Caribbean Partnership Framework Goal for Laboratory System Goal 3, Objective 3.2: Improve laboratory services and systems, sub-objective 3.2.4: Human Capacity. The



Centers for Disease Control and Prevention(CDC's Capacity Development Branch, Division of Global Public Health Capacity Development (DGPCHD) staff provide technical assistance and support to countries worldwide to implement strategies to improve their public health workforce, systems, and institutions. The FELTP is modeled after CDC's Epidemic Intelligence Service. It is a two-year full time postgraduate training program that includes close supervision and on the job competency based training. The structure of the program includes 25% didactic work and 75% field placement. The programs are tailored to each country's national priorities, public health needs, and existing public health infrastructure to strengthen their public health surveillance and response systems for priority diseases. The key features of the FELTP are: (1) trainees are assigned to the Ministry of Health to provide epidemiologic service; (2) graduates of the program may receive a certificate or degree; (3) the program is tailored to the needs of the country and its priorities and is adaptable to changing public health needs; and (4) there is a plan for sustainability. The outcomes associated with a country or region having a FELTP include: robust surveillance systems; public health events detected, investigated and responded; human capacity developed in public health; and public health program decisions based on scientific data. The standard curriculum includes: epidemiologic methods, biostatistics, public health surveillance, laboratory and bio-safety, communication, computer technology, management and leadership, prevention effectiveness, teaching and mentoring, and epidemiology of priority infectious and non-infectious diseases and injuries. There will be modifications of the FELTP to meet the needs of the Caribbean Region. There are 12 countries that will take part in the FELTP, individual country commitments will be made to ensure success and sustainability of the program and capacity developed for the region. This mechanism will be monitored by the number of people trained

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12552		
Mechanism Name:	Regional RELTP		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	HVSI	REDACTED	
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Narrative:

Funds for this activity were reduced by OGAC. This will be a short-term course in advanced epidemiology using principles from the Leadership in Strategic Information Course aimed at building the capacity of individuals working within the Ministries of Health in the region to gain advanced epidemiological skills. This course will be housed within a local university with the aim of developing academic capacity and sustainability of the skills training beyond the end of the funding cycle. The course is a response to needs articulated by countries from the in-country consultations. The advanced epidemiology course will continue to build capacity early of public health professionals at the country level and keeping their epidemiologic and data analysis skills up to date.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	REDACTED	

Narrative:

The U.S Centers for Disease Control and Prevention has been a key technical partner providing scientific and programmatic support for this program and thus this program will be managed by CDC. The success of the program depends in large part on the level of MOH commitment and ownership, and buy-in from the other stakeholders. The MOH should be involved in every step of the development and implementation process. The FETP development process is crucial to the overall success and sustainability of the program. The process varies from one country to the next depending on the unique circumstances in that country, but certain key elements are common. The process usually takes 1-2 years, and the order of the steps may vary.

During the development of this program there will be preliminary discussions with different stakeholders to determine the needs within the public health systems, obtain commitment from stakeholders to establish the program and identify financial support. For this program to succeed there must be buy-in from the MOH and other stakeholders. Stakeholders may include MOH participants at all levels, other government and non-governmental partners, potential donors and bodies of certification to ensure sustainability. Decisions regarding the ideal candidate, general topics to be included in the curriculum, potential sites for field placement, and the name of the degree awarded are made by this group of stakeholders.

CDC, MOH and other primary stakeholders also make site visits to MOH offices, public health laboratories and universities to assess the situation on the ground, evaluate system needs, gather



information to best shape the program to fit the needs and determine if adequate supervision and structure are in place to support participants during fieldwork. This group also establishes baselines and develops the targets for the program. The resulting outcome is a plan that identifies, defines the needs, implementing partners, staff members, target participants for the FETP and potential field sites. The plan guides the development and implementation process of the FETP by defining the goals and objectives for the program.

The MOH, university and CDC will set the two-year FELTP curriculum together. There will be a standardized and integrated regional curriculum with flexibility to respond to the needs at the national level. Participants' time will be spent providing service to the MOH in the field. They may be placed in areas other than their place of origin to provide a diversified experience that exposes them to different systems and public health situations. The structure of the field placements varies depending on the in-country situation. The FELTP will build an effective career track and surveillance network for epidemiologists using a strategy of training through service.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12566	Mechanism Name: Health System 20-20
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: TBD (Proposed - Heath Systems 20/20)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative



A fundamental objective of the US-Caribbean Regional Partnership Framework (PF) is to move the region toward sustainability of HIV/AIDS programs. Goal #5 of the Framework is Sustainability: “To improve the capacity of the Caribbean national governments and regional organizations to effectively lead, finance, manage, and sustain the delivery of quality HIV prevention, care, treatment and support services” with Objective 5.1 being to “Improve Financial Management Capacity of National HIV Programs.” Achieving measurable progress on this critical objective will require a major effort as most country governments currently provide very limited national budget resources to their own HIV and AIDS programs, relying to an alarming degree on external funding – much of which has come from the Global Fund and the World Bank, with smaller support from bilateral donors. Objective 5.2 aims to “Improve Integration and Efficiency of National HIV Partners” and will require greater efforts to integrate HIV/AIDS programs and services more fully into the delivery of primary health care systems and across all sectors, to ensure greater efficiency of resources and the reduction of HIV related stigma and discrimination.

It is anticipated that from among the U.S. Government interagency Framework team USAID will assume the responsibility for planning and implementing technical assistance to Caribbean partners to improve their ability and capacity to plan for sustainability through cost-effective management of human and other resources, and better integration of ongoing interventions into health and social services. This will be facilitated across all 12 PF countries as warranted.

A dialogue between the field and USAID/Washington has begun regarding how the PF can access technical expertise to address the financial sustainability objective. USAID will explore various options to expand and diversify domestic financing (private and public) and non-USG external financing. Among the opportunities that are under discussion: (a) increasing program efficiency (doing more with less) through changes in structure (e.g. service integration), organizational arrangements, payment systems (e.g. payments reward efficiency as well as quality), and optimizing resource allocation to the most cost-effective interventions for the country's epidemic profile; (b) improving the competence of operational-level financial management of HIV/AIDS-related programs; (c) initiating or expanding coverage (financing) of services through risk pooling/insurance both private and public; (d) increasing country capacity to mobilize and manage non-USG external resources for capital and recurrent costs; and (e) increasing the transparency and accountability of budgeting and spending to ensure that plans and commitments are carried out.

Further, technical assistance will be provided to improve integration and efficiency of national HIV partners. The objective would be to increase the capacity of key national agencies, non-governmental and civil society organizations to fully deploy their respective strengths to improve the efficiency and cost-effectiveness of their respective contributions to the national HIV/AIDS response. There are four main aspects of this Objective: 1) Mapping of partners at the national level so that the national AIDS program



knows which public, private, and civil society partners are working on HIV prevention, care and treatment; 2) Work with national governments to create strategies for improving cost-efficiency and sustainable approaches in programming; 3) Develop joint planning opportunities for national governments to meet with their partners and engage in strategic dialogue and jointly plan to cooperatively implement activities for greater impact and minimal duplication; 4) Work with national governments to integrate and decentralize their national HIV/STI programs and to provide a more broad base of services at the community level to make them more cost-effective, efficient and less stigmatizing.

Health Systems 20/20, a five-year (2006-2011) cooperative agreement, funded by the U.S. Agency for International Development (USAID) is the most likely potential partner for these activities. This mechanism can provide USAID with technical assistance solving problems in health governance, finance, operations, and capacity building. By working on these dimensions of strengthening health systems, the project will help to ensure greater access to and use priority population, health, and nutrition (PHN) services. Health Systems 20/20 integrates health financing with governance, and operations initiatives. This integrated approach focuses on building capacity for long-term sustainability of system strengthening efforts. The project acts through global leadership, technical assistance, brokering and grant making, research, professional networking, and information dissemination.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12566			
Mechanism Name: Health System 20-20			
Prime Partner Name: TBD (Proposed - Health Systems 20/20)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	REDACTED	
Narrative:			



USAID will seek to access technical assistance through Health Systems 20/20 to support this activity. The scope of work will be finalize following an initial assessment of the financial systems and health planning dynamics in each of the PF countries which will be conducted in February 2010.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12567	Mechanism Name: Jamaica MOH
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Ministry of Health (MOH)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 375,000	
Funding Source	Funding Amount
GHCS (State)	25,000
GHCS (USAID)	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ministry of Health's National HIV/STI Control Programme in collaboration with the National AIDS Committee is the one authority in Jamaica and leads the national response to HIV & AIDS. It advocates for and coordinates the input of all sectors of the Jamaican society, including the private and public sectors and non-government organizations (NGOs). The Jamaica National HIV program implements strategies to achieve universal access to prevention treatment care and support. This includes scaling up prevention services, interventions for persons most at risk for HIV infection and, targeted community intervention, reduction of stigma and discrimination through sensitization and education, use of mass media, and establishment of mechanisms for monitoring and redress of cases of discrimination and the meaningful participation of PLWHIV.



USAID/Jamaica seeks to support the national HIV programs efforts to reach the most vulnerable population through existing NGOs/CBOs and faith based organizations by capitalizing on the strengths, positioning, and reach of these NGOs to these vulnerable groups. Jamaica has one of the highest prevalence rates in the region among the MSM and CSW population and this activity seeks to make an impact on reducing the new infection rates of persons contracting the disease and making an inroad into addressing the behaviors of these vulnerable populations. There will also be a focus on adolescents who practice high risk behaviors especially those who are part of the MSM and CSW community and found to be at high risk. These interventions are complimentary to the centrally funded C-Change activity that USAID/Jamaica plans to implement that seeks to provide technical support to the Government/NGO community in reaching MARPs and addressing their vulnerabilities. C-Change will transfer a mix of skills to the NGOs to ensure that they have the capacity to continue their outreach to vulnerable groups and become more sustainable when external funding declines. The GSM Project will provide support and capacity building to the MOH and local NGOs in the area of financial and administrative management. The PEPFAR grant to the MOH will be used primarily to directly assist the MOH in scaling up their existing HIV prevention and care services for MARPs. This activity supports a key focus area of the Partnership Framework by addressing the HIV epidemic in the Caribbean which is primarily due to sexual transmission. The data shows higher prevalence among persons engaged in high risk behaviors and an urgent need to reach these groups in various settings. USAID/Jamaica will support the HIV/STI Control programs in prevention education activities, peer to peer programming, development and dissemination of educational materials specially targeted at vulnerable groups etc. USAID and the MOH will coordinate all activities undertaken through PEPFAR and Global Fund to ensure harmonization and cost-effectiveness.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12567		
Mechanism Name:	Jamaica MOH		
Prime Partner Name:	Ministry of Health (MOH)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVOP	375,000	
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Narrative:

USAID/Jamaica through a grant to the National HIV/STI Control program will increase and strengthen the National HIV/STI Prevention and Control Programme of the Ministry of Health and transfer skills and strengthen their capacity to become more sustainable. Specifically to support its coverage among the most vulnerable groups targeting MARPS and focusing on adolescents, SW and MSM population . Jamaica's submission to the Global Fund for an anticipated \$17million over a 5 year period was recently rejected which will hinder the planned scale-up of activities to reach vulnerable communities. USAID/Jamaica intends to help fill this gap through support to the national response to HIV with a major emphasis on transferring the skills to NGOs. Support will include strengthening their capacity to provide prevention education and addressing the increased vulnerability among MSM and CSW. This includes training workshops to empower participants and address risk behaviors. Educational materials will also be developed in coordination with PEPFAR and local partners. MSM and CSW will also be empowered to practice safe sex through their peers and outreach workers, skill building workshops and linkages to social services. Mapping exercises for sex worker and MSM sites will also be conducted as well as risk reduction interventions at MSM parties. Prevention education will be targeted at difficult to reach sex workers e.g. massage parlors and motels, to encourage safer sex practices and better treatment seeking behaviors. In addition there will be support through outreach activities targeting adolescents with information and skills to reduce their vulnerability to HIV/AIDS as well as engaging them reduction conversations and assessment. Although data in Jamaica shows that there is an increase in tolerance of persons living with HIV & AIDS, high levels of stigma and discrimination exist. The Jamaica Network for Seropositive facilitates support groups that cater to the psycho-social needs of the PLHIV population. In keeping with the Partnership Frameworks thrust of addressing stigma and discrimination among MARPS and evenmoreso among the PLHIV population USAID/Jamaica would strengthen the Multisectoral Reporting and Redress Advisory Group to monitor the reporting of cases of HIV-related discrimination and redress and for continued development and implementation of a discrimination reporting and redress system and for the outreach activities of a Unit for GIPA (Greater Involvement of Persons Living with HIV and AIDS). USAID will also support work place and faith based programs addressing stigma and discrimination. Organizations will be provided with technical assistance to integrate HIV/AIDS workplace issues into the operations of selected small and medium sized businesses, along with the appropriate resources to carry out interventions. This workplace component will be spearheaded by the MOLSS with involvement from the MOH. Supportive supervision and quality assurance will be the responsibility of the MOH who will play a key role in establishing a national minimum package of service for MARPs in order to ensure quality.



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12570	Mechanism Name: Bahamas MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the Cooperative Agreement with the Bahamas Ministry of Health (MOH) is to assist the Government of Bahamas in fully implementing strategic-information (SI) activities for HIV/AIDS. These activities include behavioral and biological surveillance among Most At Risk Populations (MARPs) and People Living with HIV/AIDS (PLWHA); improving the coordination and expansion of confidential Voluntary Counseling and Testing (VCT), including laboratory training and the implementation of HIV rapid testing.

This implementing mechanism will support the laboratory management framework to train personnel to scale up point of care HIV rapid testing,. In addition, this mechanism will support training for both new and in-service laboratory personnel to cover key testing areas and essential components of a quality system such as quality assurance and quality control procedures.

In support of Strategic Information, the USG will support the implementation of systems for HIV/AIDS Surveillance and M&E to assist the government in generating high quality, reliable data to characterize



the epidemic and plan appropriate responses. Specific activities include: 1. Implementation of systems for HIV Case Reporting; 2. Implementation of behavioral surveys for selected Most-At Risk-Populations; and 3. Support for improvements in M&E data collection, analysis, and use for program improvement. The Government of the Bahamas has prioritized MARP surveillance as a core component of its national response. Funds from this Cooperative Agreement will support the planning and implementation of MARP surveillance activities in Years 1, 2 and 3.

Funds to strengthen the ability of the MOH to identify, adapt and implement applicable evidence-based prevention interventions will be supported. The proposed goals and activities will build capacity for the national health system to accurately characterize the epidemic, provided high quality and targeted prevention, treatment and care services for the general population and specifically for most at risk populations.

This implementing mechanism supports the USG Caribbean Regional Partnership Framework Goals for Prevention (Goal 1) ,Strategic Information (Goal 2), and Laboratory Support (Goal 3). This mechanism is national in scope, with emphasis on lab systems strengthening, the collection of surveillance and program monitoring data at national (MOH), health center and community-levels. Laboratory personnel, Surveillance Officers, M&E staff, Community Health Nursing staff and community health providers are the main target audience for this Cooperative Agreement.

This Cooperative Agreement will contribute to strengthening the health systems in Bahamas, adding value to the delivery of laboratory services, and integrating high quality HIV/AIDS data with the collection and reporting of surveillance and program monitoring data within the wider health sector.

CDC will work in close collaboration with the Government of the Bahamas to ensure the efficient use of USG resources in achieving the programmatic priorities for the 3-year cooperative agreement. The Ministry of Health will be asked to develop an annual work plan with agreed-upon performance benchmarks, starting in Year 1. The MOH will be required to report on progress towards the essential and additional outcome indicators on a semi-annual and annual basis via SAPR reporting.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



(No data provided.)

Budget Code Information

Mechanism ID: 12570			
Mechanism Name: Bahamas MOH			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	REDACTED	
Narrative:			
<p>CDC will support the National AIDS Program to build capacity and strengthen integration of prevention and support services into the routine care of PLHIV in facility and community-based services. These services will be linked with efforts to scale up counseling and testing to increase the number of HIV positive persons who learn their status and get linked to prevention, care, and treatment services.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	REDACTED	
Narrative:			
<p>CDC will support the Government of the Bahamas to enhance capacity to provide VCT – client centered, couples testing and provider initiated testing throughout the island. We will provide support to identify, adapt and implement appropriate evidence-based prevention interventions, which will support the Partnership Framework prevention Goal and target MARPs. Cost effectiveness will be achieved through coordinating service delivery with other partners in the region. This will improve the governments’ ability to build human, technical and institutional capacity in Trinidad and Tobago to effectively develop, implement and sustain comprehensive prevention strategies. The cross cutting area is human resources for health.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	REDACTED	
Narrative:			
<p>This implementing mechanism will support the strengthening of systems for HIV/AIDS Surveillance and</p>			



M&E, including HIV/AIDS Case-based Reporting, routine monitoring systems, and collection of behavioral data on Most-At Risk-populations. Activities supported will include the support of a Surveillance Officer and development of a work plan for Years 2 and 3 of the Cooperative Agreement. CDC GAP and CRO technical advisors will work in close collaboration with the MOH to ensure progress towards the goals and objectives of the three-year Cooperative Agreement. Joint reviews, site visits, and observation of selected activities under the Co-Ag will be core components of a supportive supervision and quality assurance strategy for this implementing mechanism. Indicator targets related to the HSVI budget code for this cooperative agreement include the existence of high quality surveillance and program monitoring reports for the preceding year, and number of countries completing special studies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	REDACTED	

Narrative:

The Barbados Ministry of Health will utilize the cooperative agreement funds to support the capacity building of laboratory staff through regional and international trainings. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.

Furthermore, selected laboratory staff will be sent to the International Laboratory Branch at CDC Atlanta to be trained on the use of both manual and automated Roche Amplicor methods for early infant HIV diagnosis (EID) to support PMTCT programs within the region. Other international trainings involving lab staff from these countries will include advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.

These activities will greatly enhance and support the current cross cutting goal of training, capacity building and ensuring long term sustainability of in-country systems for testing, diagnosis, and patient monitoring.

New/continuing activity: Continuing activity

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12575	Mechanism Name: PAHO/PHCO Cooperative
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	Agreement
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

To address the need to better characterize the epidemic, PAHO HIV Caribbean Office (PHCO) will receive funding from CDC to strengthen in-country capacity for surveillance and strategic information. Assessments conducted by PAHO, WHO and CDC in several countries in the Caribbean indicate that only few countries have managed to implement second generation surveillance and are using data that is generated in-country for policy and program development. At the regional level, even though countries are committed to report to PAHO/WHO and CAREC, there is big gap and most countries are only reporting AIDS data due to limited implementation of HIV case based surveillance.

This effort will work in activities within the strategic information goal of the PEPFAR Partnership Framework and will complement PAHO's objectives within the PAHO HIV Caribbean Plan for the Health Sector. This project will focus in 7 countries utilizing a phase in approach; where each year, a number of countries will be selected for special attention based on agreed upon criteria. PAHO is strategically placed to support countries on strategic information issues within the health sector. The implementation of a country-focused capacity building and technical support strategy tailored to the specific country needs is essential.

PHCO in close collaboration with CAREC, CDC, UNAIDS and the regional HIV surveillance technical workgroup will provide leadership in defining a minimum set of core HIV-related parameters that will be



tracked at national and regional levels. Through strategic alliances with entities such as the Regional M&E Technical Working Group, CDC and PANCAP's Health Desk it will embark on harmonized technical support related to the recording, reporting, processing, and interpretation of routine surveillance and patient monitoring data. PAHO will review and expand the current Caribbean HIV reporting system, and facilitate a central database with information accessible to all countries and partners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12575		
Mechanism Name:	PAHO/PHCO Cooperative Agreement		
Prime Partner Name:	Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	500,000	
Narrative:			
<p>This program will focus on 7 countries utilizing a phased-approach. Each year, a number of countries will be selected for special attention based on agreed upon criteria (i.e. readiness, burden of the disease, existing surveillance capacity, political support).</p> <p>The focus is on HIV surveillance, including monitoring and surveillance of HIV Drug Resistance. Drawing on previous experiences PHCO acknowledges the need to switch from an ad-hoc type of technical cooperation to a more predictable and sustained approach, enabling sharing of capacity across countries. To this end PHCO has placed full time HIV/STI Public Health Advisors in all Country Offices in the Caribbean. These country level advisors will be responsible for on-site sustained support to National Authorities in the development and implementation of their country plans, giving special attention to strategic information and surveillance. The country level technical advisors will also facilitate an inter-</p>			



agency, inter-programmatic approach to surveillance promoting the involvement of the various MOH entities (including laboratory services), NGOs and private sector in national reporting.

In the Caribbean the HIV/AIDS pandemic is composed of multiple and dynamic epidemics, even within a country. PAHO will support countries and territories to adapt HIV surveillance systems to the realities of each one of them to meet the specific needs of each epidemic. Assisting countries in the implementation of HIV case-based reporting will be a key element in the strengthening of surveillance systems.

Additionally, operational research (including BSS and similar types of surveys) will be promoted in the region as a means of gathering the evidence to support policy and programmatic action.

Increased data availability is a priority; however, equally important is the fact that data should be 'packaged' appropriately and in a timely manner to support policy formulation, planning processes, and program implementation. 'Packaging' and proper documentation and dissemination of available data have been major shortcomings in the past. PAHO will support countries in developing periodic HIV epidemic reports that can facilitate reporting to global initiatives (e.g., Universal Access) and most importantly, support local decision-making and action.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12594	Mechanism Name: Monitoring & Evaluation Technical Assistance
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED



Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC will also provide focused M&E system strengthening technical assistance for the 12 countries under the Caribbean Regional Office. The activities will include review and improvement of current systems for program level data collection, analysis, reporting and use. These activities will be complemented by regional-level cooperative agreement with CHRC to implement strategies for M&E capacity building and development of standardized guidelines for monitoring and evaluation for the region.

This Implementing Mechanism will make a direct contribution to the development of health systems in the 12 PF Focus Countries, adding value to the collection of HIV/AIDS data, and the integration of health information needs for HIV/AIDS with routine data collection and reporting on other communicable and non-communicable diseases within the wider health sector.

This Implementing Mechanism also includes funding allocations for routine monitoring under the PFIP, including monitoring of Inter-Agency progress towards PF Goals, Objectives, and targets for the overall Partnership Framework, and completion of mid-term and end-of-project evaluations.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12594			
Mechanism Name: Monitoring & Evaluation Technical Assistance			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	REDACTED	
Narrative:			

CDC will be undertaking M&E training and technical assistance activities to assist PF countries in strengthening M&E systems performance. The technical assistance will involve: a) Completion of M&E system assessments to identify current needs and gaps in collection, analysis, use, and dissemination of reliable program data. Emphasis will be placed on collaboration with partner countries to review current M&E approaches and further streamlining data collection reporting processes to improve the quality, timeliness, and accuracy of program-level data, and build a culture for routine data use and analysis.

M&E Technical Assistance and Training activities will include on-the-job training, mentorship, and supportive supervision for the development of sustainable, country-led M&E systems. These activities will be undertaken in support of Goal 2 of the USG Caribbean Partnership Framework on Strategic Information.

This Implementing Mechanism will focus on all 12 countries (Antigua & Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & The Grenadines, Trinidad & Tobago, and Suriname) under the Caribbean Regional Office; provision of CDC TA will be carried out by way of a phased in approach where by each year a number of countries will be selected for special attention based on agreed upon criteria such as readiness, burden of the disease, political support etc.

This Implementing Mechanism was developed in response to requests for direct technical assistance and training in Monitoring and Evaluation by a large number of the PF Focus Countries, with an emphasis on increasing the number of staff at all levels within the National Program (including multisectoral partners and community-based organizations working with MARP and PEHRB sub-populations) who are equipped to perform routine M&E functions. A country-focused technical support and capacity building strategy will be tailored to specific country needs.

TA and Training activities under this Implementing Mechanism have been designed to complement M&E capacity building activities under the CDC Cooperative Agreement with the Caribbean Health Research Council. CDC will also work in close collaboration with USAID and MEASURE/Evaluation as part of this Implementing mechanism.

Outputs and outcomes from country-level M&E Technical Assistance and Training measured through SAPR reporting, as well as the completion of special studies to ascertain improvements in M&E system performance.

This Implementing Mechanism also includes funding allocations for routine monitoring under the PFIP, including monitoring of Inter-Agency progress towards PF Goals, Objectives, and targets for the overall



Partnership Framework, and completion of mid-term and end-of-project evaluations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12596	Mechanism Name: Junior Achievement
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Junior Achievement	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 50,474	
Funding Source	Funding Amount
GHCS (State)	50,474

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JA Worldwide is the world’s largest organization dedicated to educating students about workforce readiness, entrepreneurship and financial literacy through experiential, hands-on programs. USAID/Jamaica recently awarded a five-year cooperative agreement to Junior Achievement (JA) Worldwide to establish JA Jamaica operations and to implement a program that will allow a minimum of 40,000 youth to complete JA programs. The USAID-JA alliance seeks to improve Jamaica’s business environment, to empower the country’s youth, enhance civic participation, and spur transformational education through JA’s time-tested and internationally implemented programs. USAID/Jamaica has included an initial \$50,000 in HIV funding in order to introduce an HIV Prevention component to the program which will begin in early 2010. Due to the nature of the program, JA is a cross-sectoral collaboration, involving input from Education and Health (HIV/AIDS), with technical assistance and support from Democracy and Governance and Economic Growth. This program addresses the cross-cutting issue of Education.



JA Jamaica will take advantage of the more than \$50 million already invested globally in developing a series of 20 sequential, age-appropriate businesses, economics, civic education, and entrepreneurial education programs for youth ages 6 to 22. They will also adopt PEPFAR-funded materials that have already been developed in other countries to use in this program, rather than developing anything new. With FY10 funding, the program will be implemented throughout Jamaica and will aim to reach over 1,000 at-risk youth who are unattached, out-of-school with HIV prevention education and other support services. This activity supports the PF goal of preventing new HIV infections among at-risk populations and it complements the Fun4Kidz program which is for in-school youth.

The Cooperative Agreement with Junior Achievement Jamaica will i) Increase access to economic and business education for young people in Jamaica ii) Launch JA Jamaica and ensure sustainability through high quality products and services, board development, fundraising capacities and effective organizational management iii) Enhance the competitiveness of Jamaica's business environment through empowered youth and enhanced public-private participation iv) Encourage transformational education reforms in the public school system v) Reduce youth vulnerability to health risks, especially HIV/AIDS, in order to maintain a healthy workforce that can effectively contribute to the growth of the country's economy. The program will also raise awareness about the need for community volunteers working in HIV prevention and care as well as the possible career opportunities in nursing, NGO management, and social work to bolster the manpower involved in providing HIV prevention and care services. This activity supports the CRPF's goal of sustainability by promoting multisectoral engagement in HIV and youth.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12596			
Mechanism Name: Junior Achievement			
Prime Partner Name: Junior Achievement			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVAB	50,474	
Narrative:			
<p>Through its partnership with JA Worldwide, JA Jamaica, as a new Jamaican non-governmental organization (NGO), will increase the capacity of Jamaican youth to enter the economy as successful employees, employers, and entrepreneurs. JA Jamaica will provide Jamaican youth with a fundamental understanding of business, economics, and the global economic interdependence of nations around the world, as well as the skills necessary to become successful, productive citizens. JA Jamaica will work with businesses, educators, and community organizations to equip Jamaican youth with entrepreneurial and workforce skills so they can improve the quality of their lives. JA Jamaica's mission would be to prepare and inspire Jamaica's youth to lead fruitful lives at home and achieve success in a global economy.</p> <p>The program is currently in the start-up phase with an initial need assessments planned for early 2010. It is envisioned that the students will assess their personal skills and interests, and explore career options, engage in leadership sessions, and engage in management and economic simulation exercises. The life skills education component will provide youth with the information and skills they need to negotiate and manage healthy behaviors and relationships that ultimately result in positive health outcomes. This will include information on reproductive health, with a special emphasis on HIV/AIDS prevention, and interpersonal communication coupled with messages on empowerment, which will enhance their self-esteem and enable them to take greater responsibility for their actions.</p> <p>JA Worldwide will provide supportive supervision to the local JA Jamaica organization and will monitor and evaluate the overall program at the mid-term and end of program. The primary PEPFAR indicator that will be reported is number of individuals reached with preventive interventions.</p>			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12597	Mechanism Name: I-TECH
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	Global Fund / Multilateral Engagement: No
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Benefitting Countries: None.

Total Funding: 905,000	
Funding Source	Funding Amount
GHCS (State)	905,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Health Resources and Services Administration (HRSA), the United States Agency for International Development (USAID) and the CDC/GAP have awarded funds to the International Training and Education Center on HIV (I-TECH) to work in the Caribbean. The goal is to expand access to treatment and prevention services for HIV/AIDS in the Caribbean region, with the CHART Network as the regional implementing partner. The program is organized along three themes: Achieving Sustainability, Enhancing Capacity, and Assuring Transfer. A midterm evaluation in 2007 showed that in general the ITECH program was reaching many of its targets. At the time of the mid-term evaluation, CHART had trained 3,828 health care workers from 26 countries throughout the Caribbean region. The CHART network has made tremendous strides in the number and types of training offered and the number of individuals trained, and I-TECH has been recognized as making invaluable contributions in terms of curriculum development, materials development, and general technical and financial support to the Network. Following the mid-term evaluation, ITECH decided to transition greater leadership and decision making to the CHART RCU and to focus I-TECH's activities in the region on targeted assistance primarily with the RCU. The CHART RCU will begin to report to donors on behalf of the Network, and I-TECH will limit its reporting to progress on technical assistance activities with CHART. Technical Assistance to CHART has decreased over time in several key programmatic areas (e.g. training coordination and monitoring and evaluation) but remains needed in such areas as program management, fiscal and grants administration, continuous quality improvement, customization of Train Smart for human resource development planning, and pre-service curriculum development. Sustainability of the CHART Network is estimated to be reached within the next five years.

Partnership Framework: This mechanism encompasses a broad range of activities described in the Partnership Framework. Specifically the 5 strategic objectives described in the Human Resources for Health Goal Area.

Coverage: The activities under this mechanism are regional in scope. The targeted populations include: doctors, nurses, enrolled nurses/midwives, pharmacy assistants, community workers and laboratory



workers.

Health System Strengthening: The key contributions of this mechanism relate to in-service and pre-service capacity development of health care workers. This mechanism contributes to the global PEPFAR goal of training 140,000 new health care workers. This mechanism supports building the capacity of CHART for long term sustainability.

Cost efficiency: CHART will become a sustainable training network that will be able to provide training and clinical mentoring to health care providers in the Caribbean. Special emphasis will be given to cost efficient strategies such as Training of Trainers, distance learning, training of community volunteers and inclusion of PLWHIV.

Monitoring and evaluation plan: The monitoring and evaluation of this mechanism includes PEPFAR indicators and a more detailed I-TECH M&E annual plan. I-TECH maintains an M&E system to capture progress towards objectives, to compare progress towards achieving goals, and to improve the quality of training and capacity building activities. A detailed M&E plan is developed each year and is reported to HRSA on a semi-annual basis. Other data collection tools have been developed and are used to monitor outputs and outcomes of capacity building. These tools are transferred to the CHART RCU.

CROSS CUTTING BUDGETS ATTRIBUTION(S)

Human Resources for Health

Key Issues:

Improve the capacity of Caribbean National and Regional Organizations to increase the availability and retention of trained health care providers capable of delivering quality HIV-related services according to national, regional and international standards.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	905,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12597
Mechanism Name:	I-TECH
Prime Partner Name:	University of Washington



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	220,000	

Narrative:

There continues to be a strong demand for HIV-related palliative care training in the Caribbean region including an expanded focus on nutrition along with topics such as HIV and STI co-infection, disease progression, management of clinical disease, home-based care and oral manifestations. A variety of training modalities will be employed targeting physicians, nurses, pharmacists, laboratory staff, social workers, nutritionists, other ancillary health care providers and PLHIV.

While VCT training continues to be requested to support health care workers becoming VCT service providers or VCT trainers, CHART Jamaica also assisted the Ministry of Health in training health care workers on Provider Initiated Testing and Counseling (PITC). In the Bahamas, PITC workshops are conducted as precursors to Rapid Testing trainings. These trainings are held in order to prepare for the decentralization and integration of HIV/AIDS care into primary health care settings in the Bahamas. CHART will contribute to achieving the first of the two '12s through scaling up of prevention training for health care workers in Jamaica and the Bahamas with improved ways of measuring or estimating their impact. The CHART Training Centres in Jamaica and the Bahamas will expand their emphasis on both primary and secondary prevention training and technical assistance, and will target these trainings to a wider audience of health care workers and health care educators, including peer educators. The CHART Training Centres will be supported by the CHART RCU and I-TECH with development of Prevention-related training plans, acquisition of quality training materials and development of meaningful evaluation tools.

CHART, with technical support from the Francis J. Curry National Tuberculosis Center, will provide TB/HIV clinical consultation services to physicians in the Bahamas and Jamaica. One meeting with 20 local TB experts will be held over two days to strengthen this program. The Caribbean TB Nurse Network will meet via a quarterly conference call to discuss difficult TB/HIV cases. An in country meeting with Jamaica Ministry of Health leadership will occur in order to secure support for implementation of the revised Caribbean TB Guidelines followed by an in-country training on the guidelines. A survey will be developed to conduct a formal TB training needs assessment of HIV providers in the Bahamas and Jamaica.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	90,000	

Narrative:

CHART will provide training on treatment adherence in Jamaica and the Bahamas. I-TECH and CHART will also continue to work with local partners and the PAHO HIV/AIDS office to update the Caribbean Regional Treatment Guidelines for Adults, Adolescents and Paediatrics. Evidenced-based training plans will be used to ensure the best use of training resources in expanding, decentralizing and integrating HIV care and treatment throughout Jamaica and the Bahamas.

TB culture and drug sensitivity testing training will be provided to 30-35 participants from Jamaica and the Bahamas. Additionally, Gonococcus Drug Resistance testing will be provided to 30-35 health care workers in these countries. Additional training and/or technical assistance will be provided as identified by formal or informal needs assessments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	595,000	

Narrative:

I-TECH will support CHART in reviewing the World Health Organization's ART core competencies and adapting them to the Caribbean Regional Treatment Guidelines so that training objectives, curriculum development and quality assurance activities are appropriately connected and support the enhancement of HIV-service delivery.

CHART training materials will be reviewed to assess their compliance with agreed upon CHART Training Standards; revisions, or technical assistance for revisions, will be provided as needed. The CHART RCU will perform this inventory and assessment on a regular basis to ensure materials and training reflect current regional guidelines and meet training standards. Materials will then be made available for distribution across the Network (and to interested parties outside of the Network) in order to reduce duplication of efforts as well as to ensure consistency and quality of CHART training. The assessment of training needs throughout the region will also help to inform the development of new materials, and/or the adaptations to existing materials.

CHART Training Centres will continue to use the Stigma and Discrimination Trigger Scenarios in the majority of training activities. Additionally, people living with HIV and AIDS will continue to be included in CHART training programs as presenters. This is often an effective method of shifting the misconceptions and fear which reinforce stigma and discrimination in both the health care setting as well as in the general community.

The CHART RCU, with technical assistance from I-TECH, will continue to work in collaboration with the



Caribbean Community (CARICOM) Regional Nursing Body (RNB) to support the roll out of the HIV components of the new regional curriculum for nursing students.

After participating in the outcome evaluation workshop, CHART Training Centres in Jamaica and the Bahamas will likely need further support to implement evaluation activities. The CHART RCU and I-TECH will provide support to training coordinators to create an outcome evaluation work plan, recommend and/or review evaluation tools, and assist in the interpretation of findings.

Once customizations enhancing the evaluation functions in TrainSMART have been completed the CHART RCU will work with the training centres in Jamaica and the Bahamas to implement them. Staff from each of the centres will be trained to use the new modules in TrainSMART and supported in utilizing this data in outcome evaluations.

CHART will assess faculty/tutor comfort and capacity to deliver course content and perform a targeted needs assessment for particular content areas, such as stigma and discrimination.

CHART will continue the development of pre-service materials focusing on stigma and discrimination.

These materials will also support patient confidentiality and use of patient-centered approaches to care.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12603	Mechanism Name: St Lucia MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED



Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this cooperative agreement is to assist the Government of St Lucia in fully implementing its national HIV/AIDS strategic goals for laboratory services, systems strengthening and strategic information, including systems for routine surveillance and M&E.

For laboratory support, this implementing mechanism will support the training of both new and in-service laboratory personnel to cover key testing areas and quality systems essential components.

For strategic information, CDC's five-year commitments are to support the implementation of systems for HIV/AIDS Surveillance and M&E in view of assisting the government to generate high quality, reliable data to characterize the epidemic and plan appropriate responses. Specific activities include: 1. Implementation of systems for HIV Case Reporting; 2. Implementation of behavioral surveys for selected Most-At Risk-Populations; and 3. Support for improvements in M&E data collection, analysis, and use for program improvement. The Government of Saint Lucia has prioritized MARP surveillance as a core component of its national response. Funds from this Co-ag will support the planning and implementation of MARP surveillance activities in Years 1, 2 and 3.

This implementing mechanism is in direct support of USG Caribbean Partnership Framework Goals for Strategic Information (Goal 2), and Laboratory Support (Goal 3). This implementing mechanism will be national in scope, with emphasis on lab systems strengthening, and the collection of surveillance and program monitoring data at national (MOH), health center and community-levels. Laboratory personnel, Surveillance Officers, M&E staff, Community Health Nursing staff and community health providers are the main target audience for this Cooperative Agreement.

This Cooperative Agreement will make a direct contribution to the development of health systems in Saint Lucia, adding value to the delivery of laboratory services, and steps to integrate needs for high quality HIV/AIDS data with the collection and reporting of surveillance and program monitoring data within the wider health sector.

CDC will work in close collaboration with the Government of Saint Lucia to ensure the efficient use of USG resources in achieving the programmatic priorities for the 3-year cooperative agreement. The Ministry of Health will be asked to develop an annual workplan with agreed-upon performance benchmarks, starting in Year 1. The MOH will be required to report on progress towards the essential and



additional outcome indicators on a semi-annual and annual basis via SAPR reporting.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12603			
Mechanism Name: St Lucia MOH			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	REDACTED	

Narrative:

The Ministry of Health of St Lucia will utilize this cooperative agreement funds to support the capacity building of laboratory staff through regional and international trainings. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.

Furthermore, selected laboratory staff from this country will attend international advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.

These activities will greatly enhance and support the current cross cutting goal of training, capacity building and ensuring long term sustainability of in-country systems for testing, diagnosis, and patient monitoring.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 12604	Mechanism Name: DoD Caribbean Regional
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Antigua and Barbuda, Barbados, Belize - Caribbean, Jamaica, St. Kitts and Nevis, Suriname, Trinidad and Tobago

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

While HIV prevalence rates in the Caribbean militaries are unknown, most of the military population falls within the vulnerable or at risk population for STIs and HIV. With FY08 PF funds, DoD PEPFAR will identify TBD partners to support partner militaries in Barbados, Antigua, St. Kitts & Nevis, Bahamas, Jamaica, Suriname, Trinidad & Tobago, and Belize in the implementation of HIV prevention activities with military members and their families.

TBD partners will provide technical assistance to support military capacity to administer and manage HIV program activities in Sexual Prevention and Testing and Counseling. Emphasis will be placed on expansion and enhancement of existing military-specific HIV prevention programs using a combination based prevention approach targeting recruits, enlisted, officer groups and their dependents, and addressing issues related to specific known and suspected stressors that influence HIV risk behaviors, such as substance abuse, mobility and prolonged deployments, as well as address issues related to gender norms, stigma and discrimination. Military members will be provided the necessary skills to change behaviors, engage in safe sex practices, decrease other risk behaviors and know ones status. By targeting military personnel, activities will support the Partnership Framework prevention goal of reducing HIV prevalence among persons engaged in high-risk behaviors (PEHRBs) and their clients. The support of prevention programs leveraging the existing military institutional structures will lay the foundation for sustainable programs in militaries in the region.



TBD partners will also support Laboratory, Strategic Information, and Health Systems Strengthening efforts for the partner militaries. Laboratory efforts will support the Partnership Framework objective of improving the capabilities and quality of HIV diagnostic and laboratory services and systems by strengthening the capacity of military laboratories in the diagnosis of STIs, TB and malaria, in addition to ensuring quality provision of HIV rapid diagnostics in the lab, clinical and non-clinical settings. Laboratory SOP development, logistics management and QA/QC activities will be coordinated with national and regional endeavors to avoid creating parallel systems. In addition, military lab workers will receive TA in the biosafety, management of sample collection and documentation and results reporting in accordance with national health management information systems to provide clinical providers data for clinical decision making.

In order to support the Partnership Framework objective of strengthening the capacity of partner countries to strategically generate, collect, interpret, disseminate, and use quality strategic information, HIV and other STI bio-behavioral surveys will be carried out in the Defense Forces of Barbados (in conjunction with the Defense Forces of St. Kitts & Nevis and Antigua), Bahamas, and Suriname in order to improve evidence-based programming and the understanding of the HIV risk factors in these populations. Military officials will be trained in HIV surveillance, data collection and analysis, and use of data to improve the quality and cost-effectiveness of HIV prevention, treatment, care and support services in militaries. Technical assistance to partner militaries will strengthen monitoring and evaluation and data collection systems for health to ensure effective utilization of data for programming and policy formulation.

Health Systems Strengthening activities will support the development and implementation of military HIV policies and strategic plans addressing issues related to HIV testing (recruit and periodic), retention and promotion of identified HIV-positive individuals. Technical assistance for system and institutional strengthening will encourage addressing issues related to access and availability of prevention, care, treatment and support programs. These efforts will support the Partnership Framework objective in Sustainability by improving the capacity of Caribbean militaries to effectively lead, finance, manage and sustain the delivery of quality HIV prevention, care, treatment and support services for militaries.

Cost efficiency and quality will be improved by increasing capacity of military healthcare workers to conduct trainings internally, leveraging partnerships with local organizations, and sharing best practices across militaries in the region.

Program monitoring and evaluation will be carried out according to national standards, utilizing mechanisms provided or recommended by the Ministries of Health.

Cross-Cutting Budget Attribution: Gender



Prevention outreach activities will address male norms and address issues related to sexual violence and coercion.

Cross-Cutting Budget Attribution: Human Resources for Health

TBD partners will support the human capacity development of military personnel (health care providers, program/clinic managers, administrators, and community members) through the provision of TA in HIV prevention, adult care and treatment, the implementation of laboratory SOPs and utilization of laboratory equipment and diagnostics, HIV and STI surveillance and data analysis, and policy development. These efforts will support the Partnership Framework objective of Human Capacity Development.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	REDACTED
Human Resources for Health	REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12604			
Mechanism Name: DoD Caribbean Regional			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	REDACTED	

Narrative:

TBD partners will support the militaries of Barbados, Antigua, St. Kitts & Nevis, Bahamas, Jamaica, Suriname, Trinidad & Tobago, and Belize with Adult Treatment training. This activity will support the Human Capacity Development objective of the Caribbean Partnership Framework through the training of military health care providers and clinicians in the provision of multidisciplinary clinical services, such as antiretroviral therapy, prevention, diagnosis and treatment of opportunistic infections (OIs), assessment and management of pain and other symptoms. Training may also include prevention with positives



activities to improve health care providers' abilities to effectively counsel military members on healthy living, reduction of risk behaviors, partner notification, and adherence to ART. Efforts will be made to address stigma and discrimination by promoting accepting attitudes toward people living with HIV/AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	REDACTED	

Narrative:

With FY09 PF funds, activities will strengthen the capacity of the militaries of Barbados, Antigua, St. Kitts & Nevis, Bahamas, Jamaica, Suriname, Trinidad & Tobago, and Belize to provide accessible, confidential, and quality testing and counseling services. Activities will build on previous FY09 funded initiatives implemented through PSI with the Jamaica Defense Force and the Trinidad and Tobago Ministry of National Security, and implemented through Charles Drew University with the Belize Defense Force and the Jamaica Defense Force, to expand testing and counseling services for military personnel and their families.

Efforts will be made to integrate Testing and Counseling services into existing medical health services and routine medical care through provider-initiated testing and counseling (PITC). Testing & Counseling opportunities for military personnel will be expanded (i.e. on bases, on deployment, temporary assignment). TC activities will link with prevention sensitization activities to educate participants and access other support services. The feasibility of mobile services will be explored as a means to reach military personnel assigned in areas away from military health facilities and urban testing sites.

Local resources and referral systems will be utilized to ensure appropriate linkages to prevention, treatment, and care and other health services. As militaries increase their capacity for managing TC activities, couples TC will be promoted among military personnel and their partners in order to identify serodiscordant couples and encourage safe sex practices and other preventive behaviors. Couples TC will promote gender equity and facilitate safe, mutual disclosure of HIV test results. The militaries will procure rapid test kits or work with national supply chain mechanisms to ensure all sites have sufficient supply, adequate and secure storage facilities, as well as inventory monitoring and tracking systems for HIV test kits.

TA in the provision of quality HIV TC services will be provided to military TC providers. Building on previously funded trainings, training and refresher training of counselors will begin to focus on management and supervision and advanced TC skills such as couples counseling. Counseling will be performed in accordance with national guidelines and will include targeted prevention messages,

emphasizing the reduction of risk behaviors, and address issues surrounding stigma and discrimination. Mechanisms to maintain confidentiality of those tested will be put in place. A monitoring and evaluation system will be implemented through i.e. standardized logbooks, client data forms, monthly reporting forms, and other methods that comply with the national reporting systems and requirements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	REDACTED	

Narrative:

With PF FY10 funds, this activity will support increased capacity within the militaries of Barbados, Antigua, St. Kitts & Nevis, Bahamas, Jamaica, Suriname, Trinidad & Tobago, and Belize in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information. Activities will encourage partner militaries to review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, care and support services in militaries.

Activities will build on previous FY08 and FY09 funded SI activities to identify HIV risk behaviors, indicate where gaps in health services exist, and inform HIV prevention programming through behavioral and bio-behavioral surveillance.

Data from the bio-behavioral surveys carried out in the Defense Forces in the region will be reviewed and utilized for evidence-based programming using known HIV risk factors in these populations. Military leadership will be engaged with review of survey results and recommended for broader dissemination to inform policy and strategic decision making. TA will be provided to healthcare providers (HCP) and policymakers to analyze and use collected data to streamline HCPs' workflow in HIV services, monitor quality, and facilitate the identification of gaps in HIV services.

Continued support for building capacity will be provided in the areas of monitoring and evaluation and use of strategic information. Short term technical assistance and periodic on-site mentorship will be provided in data collection, utilization of program monitoring data, and complimenting the goals of the national strategic plans for HIV/AIDS. Strategic Information activities with all partner militaries will also inform policy. Military personnel will be trained in M&E of military-specific HIV operational plans to identify needs and gaps related to programs.

Improvements will be made to the militaries' health information management systems enabling them to provide strategic, data-based decisions in a timely manner. Capacity will be built among defense force



personnel to conduct operations research to evaluate the effectiveness of program implementations (e.g. behavioral intervention assessments).

TA will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and facilitate data flow mechanisms for linkage to national and regional systems. National resources will be leveraged to improve strategic information systems and capacity in militaries.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	REDACTED	

Narrative:

This activity will strengthen the capacity of partner militaries in Barbados, Antigua, St. Kitts & Nevis, Bahamas, Jamaica, Suriname, Trinidad & Tobago, and Belize to plan, manage, and implement HIV programs. Activities will build on previous DHP FY08 funded Health Systems Strengthening efforts with the Belize Defense Force, the Suriname National Army, and the Trinidad and Tobago Ministry of National Security to strengthen their leadership and capacity to manage HIV programs, improve the policy environment to reduce stigma and discrimination, and ensure access to HIV care and treatment services among military members.

With PF FY 08 funds, referral networks and service integration will be strengthened for HIV/STI/TB care and treatment. Strategies for improving partnerships with other governmental organizations, NGO, and private entities working on HIV and health will be emphasized. Program activities will seek to secure military leadership endorsement and support of interventions addressing gender norms, substance abuse, confidentiality, among others.

Opportunities to strengthen pre-service and in-service training will be expanded and improved for military health care providers in multidisciplinary fields, including STIs, and ART management, psychosocial counseling, substance abuse will be pursued. Military personnel will be trained on how to use HIV surveillance to improve HIV prevention programming. Opportunities for military to military exchange training programs and professional exchanges to share program best practices and foster regional collaborations will be explored. TA will be provided for the development of strategies to encourage staff retention, performance and promotion for healthcare staff providing HIV/AIDS related services.

Military HIV policy and strategic plans will be drafted, reviewed and implemented, addressing issues related to HIV testing, retention and promotion of identified HIV positive individuals. Policies and protocols will also address systems and institutional strengthening to address issues related to access



and availability of prevention, care, treatment and support programs. Efforts will be made to strengthen military protocols that reduce stigma and discrimination and strengthen military commitment to support HIV-positive members and HIV programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	REDACTED	

Narrative:

With PF FY10 funds, DoD PEPFAR will identify TBD partners to support partner militaries in Barbados, Antigua, St. Kitts & Nevis, Bahamas, Jamaica, Suriname, Trinidad & Tobago, and Belize in the implementation of HIV prevention activities with military members and their families. Partnership Framework activities will support continuation and expansion of previous FY08 and FY09 funded sexual prevention initiatives focusing on training of master trainers and peer educators, distribution of military-specific information, education, and communication (IEC), sensitization on the importance of partner reduction and correct and consistent use of condoms, and behavior change communication activities promoting responsible behavior among military personnel.

PF FY 10 BCC activities for HIV prevention and risk reduction will target recruits, enlisted, officer groups and their dependents. Training and technical assistance will be provided in evidence based interventions in areas such as increasing consistent and correct use of condoms (including minimizing the stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behavior, mitigating the influence of alcohol on sexual risk taking behavior, improving knowledge and attitudes about testing, decreasing HIV-related stigma, decreasing gender-based discrimination and violence, and addressing the influence of mental health factors on risk behaviors. Prevention activities will also promote partner reduction by communicating the risks associated with overlapping or concurrent sexual partnerships. Prevention counseling will be integrated into TC services and will link with HIV testing and care and treatment services. Health seeking behaviors and access to services will be promoted. Analysis of structural changes that may decrease vulnerability will be conducted with community participation to promote their adoption.

Interventions will be delivered through individual one on one and small group sessions, campaigns, and through trainings integrated into the military institutions. Peer educators will be trained in risk reduction counseling and equipped with risk reduction supplies (i.e. penile models, condoms). Master trainers will train others on how to implement educational outreach and community mobilization activities, implement activities themselves and provide supportive supervision of peer educators. Selection criteria will be established for peer educators, and retention and incentive strategies will be developed with militaries to



encourage sustainability of activities. Refresher trainings will also be regularly provided and as needed.

Efforts will be made to integrate STI screening and treatment into existing medical health services and routine medical care for military personnel. Technical assistance for the diagnosis and treatment of STIs will be carried out. STI awareness will be incorporated into educational outreach and other prevention activities. STI services will link with HIV testing, care and treatment services.

Operations research will be conducted to determine the efficacy of these interventions on key behavior and health outcomes. Interventions will be compared across and between countries to refine intervention efficacy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	REDACTED	

Narrative:

With PF FY08 funds, this activity will support the training of lab personnel and necessary support for equipment and commodities to develop and strengthen laboratory systems and facilities in order to support STI, TB, OI, and HIV diagnosis and improve the capacity of the militaries of Barbados, Antigua, St. Kitts & Nevis, Bahamas, Jamaica, Suriname, Trinidad & Tobago, and Belize to provide clinical care to HIV-positive military members. Support will be provided for laboratory specimen collection and transport, including procurement of infection control materials.

Activities will build on previous DHP FY08 funded initiatives, such as an assessment conducted by the Belize Defense Force on the requirements for the provision of VCT and procurement of needed supplies and previous collaboration between the US Military HIV Research Program (USMHRP) and the T & T Ministry of National Security to provide technical assistance, train lab personnel and provide assistance related to other national lab referral systems to strengthen laboratory efforts in T & T.

Laboratory personnel will be trained in laboratory SOP development, logistics management, QA/QC activities, utilization of laboratory equipment and data management. This activity will link with CT, TB, and care and treatment services by providing ancillary support for rapid HIV testing and diagnostics for STIs, OIs and TB. Military laboratories will be strengthened to provide referral systems to civilian sector labs where resources limit diagnostic and treatment service provision within the military health system.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 12632	Mechanism Name: Regional Laboratory Supply Chain Management System
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to enhance overall capacity building amongst laboratories within the region through pre- and in-service training of laboratory personnel in Jamaica, Suriname, Belize, St Kitts and Nevis, Grenada, Antigua and Barbuda, and St Vincent and the Grenadines. Training will focus on key testing areas and quality systems essential components.

This implementing mechanism is in direct support of USG Caribbean Partnership Framework Goal for Laboratory System Goal 3, Objective 3.2: Improve laboratory services and systems, sub-objective 3.2.4: Human Capacity. Laboratory training also supports Partnership Framework Goal 4: Health Systems Strengthening which includes human capacity development and overall health system sustainability. This mechanism will enhance in country capacity and produce a cadre of well-trained clinical laboratory personnel, which will facilitate regular and consistent testing and release of quality results to support HIV prevention, care and treatment activities.

This mechanism will be monitored by the number of laboratory personnel trained.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12632			
Mechanism Name: Regional Laboratory Supply Chain Management System			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	REDACTED	

Narrative:

The funds for this activity were reduced by OGAC. Laboratory support for capacity building in Bahamas, Dominica, Trinidad and Tobago, St Lucia and Barbados will be through cooperative agreements with these governments. For the rest of the countries supported by the Caribbean Regional Program (Jamaica, Suriname, Belize, St Kits and Nevis, Grenada, Antigua and Barbuda and St Vincent and the Grenadines), a TBD partner will conduct regional trainings to enhance in- country capacity of laboratory staff. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.

1) Quality TB diagnosis is currently a significant challenge within the region; therefore the TBD partner will organize regional training on TB diagnosis facilitated by CDC, African Center for Integrated Laboratory Training (ACILT) and American Society for Microbiology (ASM) mentors. The purpose will be to develop and strengthen national EQA programs for Acid Fast Bacilli (AFB) smear microscopy, enabling the national and regional level laboratories to implement and manage TB smear microscopy programs in the laboratory network

2) The TBD partner will also organize regional training on Good Clinical Laboratory Practices (GCLP) that will involve core lectures on laboratory aspects such as housekeeping, personnel, financial and records management, quality control and quality assurance practices, laboratory safety and shipment of dangerous goods.



3) The TBD partner will conduct trainings on HIV rapid testing, including algorithm development, quality testing and use of logbooks. Technical support will be provided by the GAP International Laboratory Branch at CDC Atlanta

4) TBD partner will collaborate with Clinical Cytometry and Analytical Society (CCAS) to organize an annual multidisciplinary training that will bring together clinical and laboratory personnel focused on wet laboratory practices in selected topical issues in the practice of clinical laboratory.

Furthermore, selected laboratory staff from the region will be sent to the International Laboratory Branch at CDC Atlanta to be trained on the use of both manual and automated Roche Amplicor methods for early infant HIV diagnosis (EID) to support PMTCT programs within the region. Other international trainings involving lab staff from these countries will include advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12633	Mechanism Name: Regional Laboratory Strategic Plan
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative



The purpose of this mechanism is to assist governments within the region in the establishment of Laboratory Strategic Plans. This activity will directly support the governments of Barbados, Bahamas, Jamaica and Trinidad and Tobago to develop National Laboratory Strategic plans that align with the proposed regional tiered laboratory network.

This implementing mechanism is in direct support of USG Caribbean Partnership Framework Laboratory Goal 3 (objective 3.2: Improve laboratory services and systems, sub-objective 3.2.1: Laboratory Strategic Plan and Policy).

Laboratory testing guidelines including issues relating to patients' overall protection, privacy and confidentiality, timely release of results and reliability of results are not well documented in countries within the region. Also, there is a need for the larger islands with more than one testing facility to develop in country guidelines that will provide a tiered laboratory referral system and ensure efficient sample referral and testing within appropriate turnaround time. Laboratory strategic plans will outline national organizational structures and identify infrastructure that integrate public health laboratory services, reference testing services, quality management and bio-safety, and in-service trainings.

Development of laboratory strategic plans across the countries will take at least one year to fully implement and will be monitored by the number of countries that have fully implemented the Laboratory Strategic Plan at the end of one year.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12633			
Mechanism Name: Regional Laboratory Strategic Plan			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HLAB	REDACTED	
Narrative:			
<p>USG will support, through AFENET, the development of five year national laboratory strategic plans for the following four countries; Barbados, Bahamas, Jamaica, and Trinidad and Tobago. The strategic plans will provide a chartered course for improvement and strengthened laboratory services and systems that include multiple coordination and regional referral units which ensure equitable access to quality laboratory services. AFENET will first meet with senior government officials to introduce the notion, process, advantages and implications of a laboratory strategic plan for the country. AFENET will work with government to establish a Laboratory Strategic Plan Working Group (LSPWG). AFENET will then work with the LSPWG and other stakeholders to identify source documents; review current national laboratory policies and practices; develop an implementation strategy; collect source elements,; draft the National Laboratory Strategic Plan; and coordinate with the government on the approval and adoption of the National Laboratory Strategic Plan.</p>			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12634	Mechanism Name: Dominica MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Dominica MOH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 150,000	
Funding Source	Funding Amount
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)



Overview Narrative

The purpose of this project is to increase the capacity of the Commonwealth of Dominica to expand coordinated HIV prevention, strategic information and laboratory programs in Dominica. The Strategic Information (SI) component of this cooperative agreement support for the implementation of revised national protocols for HIV/TB Surveillance – including systems for HIV/AIDS case-based reporting, strengthening of systems for routine program-level monitoring, and implementation of behavioral studies on selected Most-At-Risk populations. The prevention component will focus on upgrading of VCT sites. This mechanism will also support laboratory training for Dominica staff, and the procurement and maintenance of laboratory equipment. CDC will support the implementation of the laboratory management framework to prepare laboratories for accreditation and ensure continuous testing and release of quality results. There is the need for training of both new and in-service laboratory personnel to cover key testing areas and quality systems essential components. These trainings should include quality assurance practices, a laboratory quality management system, and accreditation, clinical laboratory practices, laboratory safety and over management skills. This activity will produce a cadre of well trained clinical laboratory personnel. It will also guarantee long term jobs and staff retention and ensure that testing laboratories are sustained and equipped with regular and consistent staff to test and release quality results to support HIV prevention, care and treatment activities. To achieve this, it is important that equipment purchase and replacement together with preventative and curative maintenance are ensured as they will guarantee quality laboratory testing and uninterrupted services and systems.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12634			
Mechanism Name: Dominica MOH			
Prime Partner Name: Dominica MOH			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HVCT	50,000	
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Narrative:
 CDC will support the Government of Dominica to upgrade VCT sites, which will support the Partnership Framework Prevention Goal and target MARPs. The current structure being used for VCT is inadequate to ensure both participant and staff safety and security. Furthermore there is not enough space for onsite laboratory testing. Cost effectiveness will be achieved through coordinating service delivery with other partners in the region. This will improve the Government's ability to offer confidential VCT services. The Cooperative Agreement will be monitored annually through technical reviews and country visits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	

Narrative:
 The Co-operative agreement will support ongoing collaborative efforts between the Ministry of Health and HHS/CDC Staff to improve national-level systems for strategic information, including the collection, analysis and use of data to better characterize the epidemic within the general population and among Most-At-Risk Populations. The Government of Dominica will be requested to develop a sustainability plan as part of its Year 2 work plan, which will be in direct support of Partnership Framework (Goal 2) for Strategic information. CDC's commitments are to support the implementation of systems for HIV/AIDS Surveillance and M&E, including HIV/AIDS case-based reporting, collection, analysis and use of routine monitoring data, and collection of behavioral data on Most-At Risk-Populations (MARPs). This project will target laboratory personnel, Surveillance Officers, M&E staff, Community Health Nursing staff and community health providers. As a result, this mechanism will contribute to the development of health systems in Dominica.

The availability of high quality, reliable data remains a cross-cutting and overarching priority for the use of funds under this Cooperative Agreement. The Government of Dominica received assistance under a first phase Cooperative agreement with CDC to improve systems for the generation of data for SI. Moving forward in FY09, CDC will continue to support efforts undertaken by the Government of Dominica to achieve a results-based implementation of surveillance and M&E activities. Therefore, USG will collaborate with Dominica's MOH to maximize USG resources in achieving the programmatic priorities for the cooperative agreement. The MOH will be asked to develop an annual workplan with agreed-upon performance benchmarks.

Monitoring & Evaluation for these activities: The MOH will be required to report on progress towards the essential and additional outcome indicators on a semi-annual and annual basis via SAPR reporting.

This mechanism will also focus on surveillance and M&E systems strengthening within the Commonwealth of Dominica. Activities supported with FY08 funds will include support for revisions and refinements for the national protocol for HIV and TB Surveillance resulting protocol pilot for case reporting in three sites. The MOH will also undertake a review of its current HIV dataset to address any gaps and improve the range of data being collected. Funds for FY08, FY09, and FY10 will be used to support the development and implementation of behavioral surveys and special studies on MARPs, expanding the availability of behavioral surveillance data beyond the results of a recent MSM study funded through UNAIDS.

USG technical advisors will work in close collaboration with the MOH to ensure progress towards the goals and objectives of the Cooperative Agreement. Joint reviews, site visits, and observation of selected activities under the Cooperative Agreement will be components of a supportive supervision and quality assurance strategy for this implementing mechanism.

Monitoring & Evaluation for these activities: Indicator targets related to the HSVI budget code for this cooperative agreement include the existence of surveillance and program monitoring reports for the preceding year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	50,000	

Narrative:

Laboratory training of staff from Dominica:

The Ministry of Health of Dominica will utilize this cooperative agreement funds to support the capacity building of laboratory staff through regional and international trainings. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.

Furthermore, selected laboratory staff from this country will attend international advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.

These activities will greatly enhance and support the current cross cutting goal of training, capacity building and ensuring long term sustainability of in-country systems for testing, diagnosis, and patient monitoring.

M&E: Number of laboratory personnel trained.

New/continuing activity: Continuing activity



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12636	Mechanism Name: Gender Norms, Stigma, and SGBV
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This will be a new TBD mechanism that will focus on providing more data and designing activities to address gender norms, stigma, and sexual and gender-based violence which impede the effectiveness of HIV prevention and care efforts in Jamaica.

Stigma and discrimination discourage those who are infected with and affected by HIV from seeking needed services. Ideas about the lifestyles of people living with HIV contribute to a sense that the disease is a problem that affects “others,” which may undermine individuals’ estimation of their own risk and reduce their motivation to take preventive measures. Additionally, there are a number of social, economic, and cultural factors such as gender roles which impact the health outcomes of individuals. Sexual and gender-based violence (SGBV) is a major public health concern in Jamaica. Women often experience violence from men they know, often husbands or male family members. In addition to violating the human rights of women, sexual and gender-based violence poses significant risks to women’s health, including immediate physical and psychological injury, as well as less obvious risks such as unsafe abortions, unwanted pregnancy, and sexually transmitted infections, including HIV. Jamaica recently completed a 2008 Reproductive Health Survey which included a component on GBV and HIV/AIDS. This new national



data will be used to inform the design of this new program.

This program will complement the work already begun under PANCAP on stigma and discrimination (S&D). PANCAP will continue to focus on addressing S&D through policy reform and legislation. This activity will work more with civil society organizations, private sector, universities, faith-based partners, and the Ministry of Labor & Social Services to target the general population in high prevalence urban areas, such as Kingston & St. Andrew and Montego Bay. This activity supports the cross-cutting area under gender – reducing violence and coercion as well as addressing male norms and behaviors. The program will strive for greater cost-effectiveness through partnerships with the public and private sectors involvement in the data collection, design, and implementation. The activities begun under this program can be adopted and easily replicated by other HIV prevention programs in Jamaica and across the Caribbean region to ensure quick scale-up and greater reach.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12639	Mechanism Name: TBD-Chart II
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a new implementing mechanism which is a follow-on training program for the Caribbean (CHART II) to be implemented under HRSA. This award is in alignment with the health sector strengthening, human capacity development and sustainability objectives of the Caribbean Regional Partnership Framework. The focus of this award will be on continuing professional development programs via collaboration with regional stakeholders and institutions including CHART RCU, the National Training Centers, the CHART Training Coordination training hub housed in the OECS \HAPU, related Caribbean Universities, training institutions, health professional associations and relevant health professional accreditation and licensing boards. It will support CHART’s on-going work with in-service training, curricula design, and entry into pre-service training. This mechanism will provide technical assistance to enable CHART to closely coordinate its in-service and proposed pre-service work with relevant stakeholders. The goal of CHART II is to improve HIV/AIDS –related health service delivery outcomes in the twelve (12) Caribbean Regional Partnership Framework countries through the development of continuing education programs integrating pre-service and in-service of the health workforce. Partnership Framework: This mechanism encompasses a broad range of activities described in the Partnership Framework. Specifically the 5 strategic objectives described in the Human Resources for Health Goal Area

Coverage: The activities under this mechanism are regional in scope. The targeted populations include: doctors, nurses, enrolled nurses/midwives, pharmacy assistants, community workers and laboratory workers.

Health System Strengthening: The key contributions of this mechanism relate to in-service and pre-service capacity development of health care workers. This mechanism contributes to the global PEPFAR goal of training 140,000 new health care workers. This mechanism supports building the capacity of CHART for long term sustainability.

Cost Efficiency: CHART will become a sustainable training network that will be able to provide training and clinical mentoring to health care providers in the Caribbean. Special emphasis will be given to cost efficient strategies such as Training of Trainers, distance learning, training of community volunteers and



inclusion of PLWHIV.

Monitoring and Evaluation Plan: The monitoring and evaluation of this mechanism includes PEPFAR indicators and the TBD partner will have to submit a more detailed M&E plan for the period of the award to measure outputs and outcomes of capacity building.

Cross-Cutting/Key issues

This mechanism will contribute to human resources for health professionals. Cross cutting technical assistance supported by this mechanism will emphasize health care worker training, collection of human resource data available through the MOH, and collection and analysis of information linking training to health services delivery outcomes.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12639 Mechanism Name: TBD-Chart II Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	REDACTED	

Narrative:

Adult Care and Support trainings will continue to be provided by CHART to multidisciplinary groups of health care workers in the ten countries in this region in support of each country's Human Resources for Health plan and as relevant to their individualized training plans.

CHART will continue to sponsor trainings in this region of the Caribbean which focus on testing, including provider initiated testing and counseling (PITC), rapid testing, as well as voluntary counseling and testing

(VCT).

CHART will begin to provide in-service training to targeted groups of health care workers and para-professionals in Antigua, Barbados, Belize, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago. Further development of pre-service materials and plans for roll out will also occur in conjunction with local universities and other continuing education institutions.

Targeted technical assistance will be provided to the Ministries of Health in Antigua and St. Lucia to assess and plan for the implementation of the revised Caribbean TB Guidelines.

Clinical consultation participants from Suriname, Trinidad and Tobago, and other Eastern Caribbean countries will be supported in attending the March 2011 IUATLD-NAR meeting in Vancouver, Canada to build additional TB/HIV capacities and provide networking opportunities for these clinicians.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	REDACTED	

Narrative:

The CHART National Training Centres in Trinidad and Tobago and Barbados will continue to provide ART training via in-person didactic and skill-building sessions, distance learning courses, preceptorships and onsite clinical mentoring for physicians, nurses and pharmacists. Additionally, the CHART RCU and TBD partners for relevant training programs in Suriname, Belize and six OECS countries (Antigua, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines), will deliver targeted ART training and technical assistance to expand the capacity of clinics and hospitals in these countries to provide quality HIV care and treatment.

These activities will complement the training activities funded under HRSA in support of decentralized and integrated HIV care and treatment in Jamaica and the Bahamas.

Activities and support for laboratory strengthening in the eastern and southern Caribbean regions need to be clarified and coordinated among national and regional partners. The CHART National Training Centres, with leadership from the CHART RCU and TBD partners, have the training coordination infrastructure to provide laboratory staff training as well as access to technical assistance for systems strengthening. A coordinated training program led by the CHART Network will also support the efforts begun by CHART and the Caribbean Cytometry and Analytical Society (CCAS) in 2009 to strengthen relationships and coordination of care between HIV clinicians and laboratorians in Antigua, Barbados, Belize, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and



Trinidad and Tobago.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	REDACTED	

Narrative:

The CHART Network will contribute to Health Systems Strengthening across the region by continuing to provide high quality and cost-effective in-service training to a wide audience of health care workers in several southern and eastern Caribbean countries, including: Antigua, Barbados, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago. Additionally, new training partnerships and collaborations will be pursued in Belize and Suriname, two countries in the region who have benefited minimally from CHART regional trainings in the past and who do not themselves have a CHART National Training Centre. Training plans will be developed in conjunction with local partners in Belize and Suriname based on needs assessments and Human Resources for Health plans.

The CHART Network will continue to strengthen the provision of care for people living with HIV and AIDS, tuberculosis, and sexually transmitted infections by assessing and making recommendations for improvements to service-delivery systems. Clinical mentors will assist in developing tools, algorithms, and guidelines that help providers offer quality care. CHART mentors will also apply quality improvement strategies such as Plan-Do-Study-Act (PDSA) cycles to construct improvement goals, test proposed changes, and implement adjustments that lead to increased quality of operations, service delivery, and care.

Technical assistance will also be provided to Ministries of Health in the ten countries identified in this grant for national level adaptations to the Caribbean Regional Treatment Guidelines as needed and relevant. Training curricula will reflect these regional or country specific guidelines to ensure consistent messaging to health care workers and systems of care. Efforts will be made to strengthen linkages between core competency-based in-service training and updated job responsibilities with related performance measures.

The administrative, fiscal and grants management capacities of the CHART Regional Coordinating Unit will be strengthened via technical assistance from UWI in order to prepare this unit to become the primary recipient of funds for the CHART Network. An initial assessment will be performed to clearly identify the technical assistance needed toward effective and efficient grants management; goals, objectives and milestones for sustainability will be developed and agreed to by all parties; an action plan



will be identified and implemented to address any shortcomings or further strengthen capacities as required.

These activities will complement the Health Systems Strengthening strategies undertaken by the CHART Regional Coordinating Unit (RCU) and the National Training Centres in Jamaica and the Bahamas funded by the HRSA CHART grant.

Collecting and utilizing training data to evaluate knowledge and skills helps to ensure that health care workers are appropriately trained to provide care and support to PLHIV. Under CHART II, the CHART RCU will support training centers and Ministry staff in ten countries in order to collect training data and evaluate training outcomes. These ten countries are Antigua, Barbados, Belize, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago.

Given the relatively high level of internet connectivity in a number of countries, like Trinidad and Tobago, the CHART RCU will work with training centers to explore on-line evaluation techniques such as follow-up surveys to participants that include knowledge questions. In addition, the RCU will scale up utilization of the TrainSMART database, which is currently used by training centres in Trinidad and Tobago and Barbados, for evaluation purposes. These activities will compliment the customizations to TrainSMART and the workshop on outcome evaluations that will be funded by HRSA.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12640	Mechanism Name: Measure Phase III
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina (UNC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 355,000	
Funding Source	Funding Amount
GHCS (State)	300,000



GHCS (USAID)	55,000
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

Measure Evaluation Phase III continues the MEASURE program’s 10 year initiative to improve the collection, analysis and presentation of data to promote better use in planning, policy making, managing, monitoring and evaluating of population health and nutrition programs. The program aims to accomplish this through achieving the following six results: (1) increased user demand for data and tools;(2) increased individual and institutional capacity in monitoring and evaluation: (3) increased collaboration and coordination in obtaining and sharing health sector data; (4) improved tools, methodologies and technical guidance; (5) increased availability of data methods and tools; and (6) increased facilitation of data use. MEASURE Evaluation Phase III is the Global Health Bureau’s primary vehicle for supporting improvements in monitoring and evaluation in population, health and nutrition world wide.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12640			
Mechanism Name: Measure Phase III			
Prime Partner Name: University of North Carolina (UNC)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	355,000	
Narrative:			
MEASURE Evaluation has provided technical assistance in facilitation of information and program monitoring and evaluation to the Jamaica Ministry of Health National HIV/STI Control & Prevention			



Program (NHSCP Program) and the Healthy Lifestyles Project activities during the strategy period (2005-2009). Activities included strengthening the National M&E System, surveys on HIV/AIDS Marginalized populations particularly focusing on the MSM and CSW population, adolescent healthy lifestyle risk and resiliency surveys as well as the design and conduct of the PLACE Randomized control trial. In addition MEASURE has provided technical assistance to USAID/Jamaica for PEPFAR Reporting.

USAID Jamaica would continue its support to MEASURE Evaluation to strengthen the M&E Framework of the national program, conduct special behavioral studies on high risk populations and to integrate M&E among key partners.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12642	Mechanism Name: Central Laboratory Support
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to enable the USG Caribbean laboratory working group to collaborate with key resource persons including staff of the Global AIDS Program International Laboratory Branch (ILB) at CDC Atlanta, USG colleagues from other PEPFAR countries and non-USG partners. This mechanism will support these key resource persons to visit the region as consultants and assist in



implementing technical laboratory services and systems including execution of laboratory operational studies. This mechanism will also support consultancy fees for non-USG consultants, costs of shipping patients' samples to CDC Atlanta for analysis, and travel for laboratory scientists from the Caribbean Region countries where the samples are collected to Atlanta and/or other laboratories to participate in the analysis and generation of data from these samples. Governments within the region have expressed the need for data from laboratory operational studies to improve current laboratory services and support various cross-cutting activities.

This implementing mechanism is in direct support of the USG Caribbean Partnership Framework Laboratory System Goal 3 (objective 3.2: Improve laboratory services and systems).

This mechanism will build the capacity of Caribbean region laboratory staff and will facilitate generation of laboratory operational data to inform services and lab policy. The training of young scientists through these studies will support sustainable national infrastructure, workforce capacity and expanded services to provide quality diagnostic testing, clinical laboratory monitoring of treatment, and surveillance.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12642			
Mechanism Name: Central Laboratory Support			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	REDACTED	
Narrative:			
This CDC Central Laboratory Support mechanism will be used to request technical assistance (TA) on a short term consultancy basis to provide training and other assistance to implement the following			

activities: development of HIV rapid testing algorithms and training and roll-out of HIV rapid testing. Successful training and roll out of rapid testing will include cost effective quality assurance activities utilizing Dried Tube Specimen (DTS) technology, and use standardized logbooks at all HIV testing sites. This mechanism will also support other onsite supervision and training such as GCLP, quality management, HIV drug resistance set-up, and regional and national TB QA/QC programs. This mechanism will also support laboratory operational studies to address key questions within the region, such as:

- Determining HIV incidence using the BED testing of archived HIV positive and negative samples from Jamaica, Bahamas and Trinidad and Tobago, the highest HIV prevalence countries within the 12-country region. This information will provide critical information on current transmission trends and patterns for HIV surveillance and will therefore inform HIV prevention interventions.
- Determining HIV genetic subtypes and drug resistance using archived samples from Jamaica, Bahamas, Trinidad and Tobago and Barbados. This will provide vital information particularly on current HIV heterogeneity, which has implications for treatment, diagnosis, and vaccine development. The drug resistance data is vital particularly for the prevalence of primary HIV drug resistance and its public health implications.
- Evaluation of the oral fluid based HIV rapid test kits, as they have been shown to be more user friendly for HIV rapid testing.
- Evaluation of the most appropriate Point-Of-Care CD4 machine. The Caribbean region seeks to select common CD4 platforms that will streamline maintenance and procurement.

This mechanism will support the purchase of reagents and other consumables as well as travel of laboratory scientists to carry out these studies.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12643	Mechanism Name: Jamaica PMTCT
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The scale-up of the Prevention of Mother-To-Child Transmission (PMTCT) program will target antenatal clinic attendees, and all women of childbearing age outside the Kingston Metropolitan Area (KMA) in Jamaica. Funding will be provided to the Jamaica Ministry of Health to reduce transmission of HIV from mother to child in 10 rural parishes from its current rate of 8% to less than 1% by 2014. The plan is to replicate the successful array of PMTCT programs currently implemented in urban Kingston. ARVs for the PMTCT program will be provided through the Global Fund Grant. Training through CHART will be adopted to assure standardization across all programs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12643			
Mechanism Name: Jamaica PMTCT			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	REDACTED	
Narrative:			



Funding will be provided to the Jamaica Ministry of Health to reduce transmission of HIV from mother to child in 10 rural parishes from its current rate of 4 to 5% to less than 1% by 2014. The plan is to replicate the successful array of PMTCT programs currently implemented in urban Kingston.

The strategy for PMTCT programming in these 10 parishes is:

- o Improve the capacity of national and regional authorities to plan and implement PMTCT programs with the goal of national/regional leadership by 2014.
- o Through formative research, gain a better understanding of the structural, cultural, social, and behavioral factors that put women in the 10 parishes at particular risk for HIV and for transmitting to their infants.

The objectives of this program are to:

- o Increase uptake of PMTCT through outreach and promotional activities
- o Expansion of and integration of PMTCT services into 4 additional antenatal clinics
- o Strengthening of lab, surveillance, and early infant diagnosis support to PMTCT programs
- o Increasing the number of VCT centers with fully functioning PMTCT programs

This activity will be monitored through annual reviews and site visits.

M&E: Indicators to be done.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12644	Mechanism Name: Regional Laboratory Construction
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.



Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this cooperative agreement is to assist the Government of Barbados in the construction of a Regional Reference Laboratory.

This implementing mechanism is in direct support of the USG Caribbean Partnership Framework Laboratory System Goal 3, Objective 3.1: Develop functional regional reference laboratory network , Sub-Objective 3.1.2: Regional Reference Laboratory Infrastructure. There is a need for extensive improvement in laboratory infrastructure within the Caribbean as the region embraces the concept of a tiered regional laboratory network. Barbados is well-positioned to provide regional referral support and training to the OECS countries within a tiered laboratory network, but the island’s enormous laboratory potential is limited by lack of adequate space and therefore there is a critical need to upgrade infrastructure. Construction of a Regional Reference Laboratory facility in Barbados will ensure adequate and appropriate space to ensure accurate, timely and uninterrupted testing and reporting of results across seven countries

This constructed facility will be an integrated structure and will therefore support holistic HIV/AIDS Point-Of-Care diagnosis and treatment services. The second and third floors of this building will have designated HIV counseling and testing, clinical diagnosis and training units. HIV/AIDS prevention care and treatment services will be located on the ground floor. As a regional referral lab, this facility will create conducive laboratory working spaces, ensure uninterrupted testing platforms and follow through. The Barbados Regional Reference Laboratory is a critical component of establishing a functional regional tiered laboratory referral and back-up system. Within this system, current partner efforts will be leveraged to create a web of coordinated long-term sustainable laboratories for the entire region.

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12644		
Mechanism Name:	Regional Laboratory Construction		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	REDACTED	

Narrative:

Construction of the building will be done with funds through HHS/CDC, supervised by CDC Facility Managers through a TBD qualified vendor. This will be a 4500 square feet building (3 floors of 1500 square feet each) that will house the proposed regional reference laboratory on the 2nd and 3rd floors and the National Care and Treatment Centre on the ground floor. It is envisioned to be a BSC-Level 2 facility with possibilities for upgrade to level BSL-Level 3, housing the following departments: Hematology, Serology, Molecular Biology, TB, Bacteriology, Chemical Pathology, and Quality Assurance. It is anticipated that the TBD partner will work with the HHS/CDC Facility Managers and the MOH of Barbados to design and construct this facility according to defined international guidelines and in-country needs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12645	Mechanism Name: Caribbean HIV Grants, Solicitation and Management Project
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: World Learning	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Benefitting Countries: None.

Total Funding: 680,000	
Funding Source	Funding Amount
GHCS (State)	530,000
GHCS (USAID)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Grants, Solicitation, and Management program will assist USAID/Jamaica in making and managing small-sized sub-grants to local PVOs/NGOs in Jamaica and the Bahamas working in HIV Prevention. GSM in close collaboration with USAID/Jamaica will determine the scope of the solicitation and the selection criteria to be used for these procurements and the technical review process. GSM will perform cost analyses and determine whether potential grantees meet financial and other criteria to receive USAID funds and provide ongoing financial oversight of grantees. USAID will make the final determination on each award. The NGO strengthening program will involve a grants component along with targeted technical assistance and training.

The main objective of this activity is to build the financial, technical and management capacity of local PVOs/NGOs working in HIV Prevention to improve the quality and sustainability of HIV prevention services in Jamaica and the Bahamas. The Jamaican Ministry of Health has noted that the poor staffing and limited technical and administrative skills of local partners has greatly impeded the implementation of current Global Fund programs. They have requested PEPFAR's assistance in strengthening the capacity of local partners so that both Global Fund and PEPFAR resources can be better used. This activity will support a number of CRPF goals, including sustainability, human capacity development, and improved HIV prevention programming. It is anticipated that this activity will help strengthen the overall health system and social services by building the knowledge and skills of the men and women who are working on the front lines of HIV prevention and care in the community.

The target population for this activity will be the staff of the selected local NGOs, all of whom will be working with most-at risk populations and people living with HIV. The local partners will report up to GSM their accomplishments and targets reached. USAID/Jamaica will be able to more clearly define the interventions, targets, and populations once the partners are selected.

In terms of cost-effectiveness, GSM has already developed tools and mechanisms to evaluate and select grantee organizations to assure their sustainability and viability for participation in projects and beyond.



One of these tools is the Participatory Institutional Analysis Instrument specifically calibrated to measure the sophistication and development-stage of the organizations.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12645			
Mechanism Name: Caribbean HIV Grants, Solicitation and Management Project			
Prime Partner Name: World Learning			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	680,000	
Narrative:			
<p>GSM will use a comprehensive performance management approach to analyze performance gaps within institutions, and to provide targeted interventions to address those gaps. Often termed Human and Institutional Capacity Development (HICD), this approach addresses the complete performance environment of an organization and its performers. It is a process that focuses on the organizational and workplace environment, and recommends and implements interventions to improve organizational performance as well as individual performance. This approach develops sustainable capacity so that organizations can implement prevention activities more effectively.</p> <p>GSM's grants management approach includes hands-on training and intensive mentoring for grantees that outline compliance strategies, procurement of essential resources and services for institutional strengthening, and support for development of appropriate management information systems (MIS) to standardize data collection and analysis. This analysis and mentoring are essential elements in assuring grantees' sustainability throughout the project and beyond and in ensuring that donor goals are met under each award while simultaneously guaranteeing the growth and development of grantee organizations.</p>			



GSM will provide supportive supervision to each of the NGOs selected and will measure performance improvements over time. It is envisioned that the grants would be for 3 years and range in size from \$25,000 - \$75,000 a year, but contingent on satisfactory engagement, improvement, and results. Additional NGOs will be selected as funding allows with the anticipation of supporting 10 to 15 NGOs by Year 2.

The target population for this activity will be the staff of the selected local NGOs, all of whom will be working with most-at risk populations and people living with HIV. The local partners will report up to GSM their accomplishments and targets reached. USAID/Jamaica will be able to more clearly define the interventions, targets, and populations reached once the partners have been selected. Additional indicators will be developed to track the success of this program, such as number of staff trained in financial management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12650	Mechanism Name: High-Risk Youth APS
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID/Jamaica recently completed its 2010-2014 Country Assistance Strategy as well as its Assistance



Objectives for 2010-2014 where the overall goal was stated as “supporting Jamaica’s transition to the place of choice to live, work, and do business.” It has become apparent, however, that in order to achieve this long term vision, youth must be integrated and involved in every project and program, especially if peace and security and for their optimal development is to be achieved. By engaging at-risk populations and providing economic, political, and educational opportunities for both in- and out-of-school youth, USAID/Jamaica plans to provide positive alternatives to Jamaican youth and help to mitigate causes of youth disaffection. Providing youth with a proper education and the tools to effectively make healthy choices for themselves will decrease the likelihood of them engaging in risky, sexual behaviors. This activity fits within the CRPF’s goal of reducing new HIV infections through comprehensive HIV prevention programming.

Sexual criminal violence in Jamaica has become a major public health problem, and a severe drain on the economy. The Planning Institute of Jamaica found that 1 in 6 girls have been raped by the age of 14. The University of the West Indies is planning to undertake a study on how sexual assault is being used as an intimidation tool during criminal acts. Adolescent criminals are being imprisoned and released, only to commit violent crimes again. The HIV prevalence rate is considerably higher in prison population (estimated 3%). There is fear that many young girls who have been sexually assaulted in Jamaica are at an elevated risk for HIV. Young males (15-29 years of age) are disproportionately represented both as victims and perpetrators of violence. Violence is also the leading cause of death in young Jamaican males and the fifth leading cause of death for people of all ages. It is estimated that there is J\$15 billion in health care, lost economic activities, and human suffering; violence related injuries and that the cost to the economy is more than J\$700 million per year.

Because the factors that jeopardize optimal youth outcomes are embedded in the family, community and society, a multi-pronged approach design is proposed to involve all of USAID/Jamaica’s priority areas which are 1) Reducing crime and violence 2) Investing in people and 3) Promoting Economic Prosperity. This activity will target at-risk youth, especially MSM and those involved in transactional sex.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 12650			
Mechanism Name: High-Risk Youth APS			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	REDACTED	
Narrative:			
<p>A design for this multi-pronged youth strategy is being developed to determine the key components that will constitute a youth strategy to reach high risk youth engaged in risky behaviors that have a deleterious impact on their health and development. Following that, an Annual Program Statement will be written to solicit proposals for reaching these at-risk youth with relevant interventions, including HIV Prevention education and health services. USAID Jamaica will share the draft procurement with regional and national USG staff as well as OGAC.</p> <p>This APS will complement the TBD Gender, Stigma, & SGBV activity. Lessons learned from these planned activities will be shared throughout the Caribbean to be replicated as appropriate.</p>			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12668	Mechanism Name: Trinidad and Tobago MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED



Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the Cooperative Agreement with the Trinidad and Tobago Ministry of Health (MOH) is to assist the Government of Trinidad and Tobago in fully implementing strategic-information (SI) activities for HIV/AIDS, including behavioral and biological surveillance among Most At Risk Populations (MARPs) and People Living with HIV/AIDS (PLWHA); to improve coordination of the expansion of confidential Voluntary Counseling and Testing (VCT), including laboratory training and the implementation of HIV rapid testing.

This implementing mechanism will support the laboratory management framework that will train personnel to scale up point of care HIV rapid testing to various VCT sites. Training of both new and in-service laboratory personnel to cover key testing areas and quality systems essential components will also be supported.

For strategic information, the USG will support the implementation of systems for HIV/AIDS Surveillance and M&E to assist Trinidad and Tobago in generating high quality, reliable data to characterize the epidemic and plan appropriate responses. Specific activities include: 1. Implementation of systems for HIV Case Reporting; 2. Implementation of behavioral surveys for selected Most-At Risk-Populations; and 3. Support for improvements in M&E data collection, analysis, and use for program improvement. The Government of Trinidad and Tobago has prioritized MARP surveillance as a core component of its national response. Funds from this Cooperative Agreement will support the planning and implementation of MARP surveillance activities in Years 1, 2 and 3.

Support will be given to strengthen the ability of the MOH to identify, adapt and implement applicable evidence-based prevention interventions. The proposed goals and activities are priorities agreed upon by collaborating partners. These activities will build capacity for the national health system to accurately characterize the epidemic, provide high-quality and targeted prevention, treatment and care services for the general population and specifically for most at risk populations.

This implementing mechanism supports the USG Caribbean Regional Partnership Framework Goals for Prevention (Goal 1) Strategic Information (Goal 2), and Laboratory Support (Goal 3). This mechanism is national in scope, with emphasis on lab systems strengthening, the collection of surveillance and program monitoring data at national (MOH), health center and community-levels. Laboratory personnel, Surveillance Officers, M&E staff, Community Health Nursing staff and community health providers are the main target audience for this Cooperative Agreement.

This Cooperative Agreement will contribute to strengthening the health systems in Trinidad and Tobago.



The partnership will add value to the delivery of laboratory services, and integration of high quality HIV/AIDS data with the collection and reporting of surveillance and program monitoring data within the wider health sector.

CDC will work in close collaboration with the Government of Trinidad and Tobago to ensure the efficient use of USG resources in achieving the programmatic priorities for the 3-year cooperative agreement. The Ministry of Health will be asked to develop an annual workplan with agreed-upon performance benchmarks, starting in Year 1. The MOH will be required to report on progress towards the essential and additional outcome indicators on a semi-annual and annual basis via SAPR reporting.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12668			
Mechanism Name: Trinidad and Tobago MOH			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	REDACTED	
Narrative:			
<p>CDC will support the National AIDS Program to build capacity and strengthen integration of prevention and support services into the routine care of PLHIV in facility and community-based services. These services will be linked with efforts to scale up counseling and testing to increase the number of HIV positive persons who learn their status and get linked to prevention, care, and treatment services.</p> <p>M&E: No. of people living with HIV and AIDS (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) interventions</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HVCT	REDACTED	
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Narrative:

CDC will support the Government of Trinidad and Tobago to enhance it's capacity to provide VCT – client centered, couples testing and provider initiated testing throughout the island and identify, adapt and implement appropriate evidence-based prevention interventions, which will support the Partnership Framework Prevention Goal and target persons engaged in high risk behaviors (PEHRB). The PwP is cross-cutting target population with this group. Cost effectiveness will be achieved through coordinating service delivery with other partners in the region. This will improve the Government's ability to build human, technical and institutional capacity in Trinidad and Tobago OPM-NACC to effectively develop, scale-up and sustain comprehensive "combination" prevention strategies. The CoAg will be monitored annually through technical reviews and country visits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	REDACTED	

Narrative:

The Trinidad and Tobago Ministry of Health will utilize the cooperative agreement funds to support the capacity building of laboratory staff through regional and international trainings. Training workshop content areas will be: 1) TB diagnosis and EQA for AFB smear microscopy; 2) Good Clinical Laboratory practices (GCLP); 3) HIV rapid testing (including algorithm development, quality testing and use of logbooks); 4) and other areas of wet laboratory training.

Furthermore, selected laboratory staff will be sent to the International Laboratory Branch at CDC Atlanta to be trained on the use of both manual and automated Roche Amplicor methods for early infant HIV diagnosis (EID) to support PMTCT programs within the region. Other international trainings involving lab staff from these countries will include advanced trainings in CD4, clinical chemistry, hematology, Bio-safety and laboratory management as they prepare for accreditation.

These activities will greatly enhance and support the current cross cutting goal of training, capacity building and ensuring long term sustainability of in-country systems for testing, diagnosis, and patient monitoring.

M&E: Number of laboratory personnel trained

New/continuing activity: Continuing activity

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 12680	Mechanism Name: Surveys & Surveillance MARPS
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to strengthen surveillance of most at risk populations (MARPS) in the region. The activities under this mechanism will complement the PEPFAR Partnership Framework (PF) goal for strategic information; which includes conducting surveys to know the distribution of the epidemic among the general population and specifically amongst MARPS in order to establish baselines for the implementation of interventions. Current lack of data on MARPS and discussions during in-country consultations for the PFIP; where countries requested assistance with size estimations of MARPS and determination of prevalence amongst these groups also support the need for this effort. The objectives of this mechanism will be achieved through the technical assistance and implementation of behavioral and biological surveys amongst most at risk populations such as men having sex with men (MSM) sex workers (SW) and migrants/mobile population to better inform and plan for appropriate prevention, intervention and treatment and care programming. This mechanism will be conducted through competitive FOA.

Countries receiving this assistance will be selected based on need, preparedness of the country to implement, estimated levels of population sizes and prevalence for the MARPS in the country. We will



initially work in the countries that do not already have existing cooperative agreements for surveillance and survey activities. The initial countries include Belize and Grenada. Other countries will be Antigua and Barbuda, St. Kitts & Nevis, St. Vincent & the Grenadines and Suriname. These surveys will be a critical contribution to the countries knowing their epidemic as well the drivers in the epidemic. They will also complement activities by CDC and PAHO/PHCO (PAHO HIV Caribbean Office) in strengthening of surveillance systems in the region.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12680			
Mechanism Name: Surveys & Surveillance MARPS			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	REDACTED	

Narrative:

Originally the \$450, 000 was stated as NASTAD. However, it is split between two partners: CAP Belize \$396,000.00 and Atlanta CDC Lab \$54,000.00. CAP Belize will support BSS and surveys. As part of their National Strategic Plans and in alignment with the Partnership Framework, countries will be implementing activities to strengthen their surveillance systems to better define their epidemics and improve their M&E systems to better plan, develop and implement their programs. Conducting these surveys in a systematic manner will provide countries with behavioral and biological information of their identified MARPS. The overarching goal is for countries to know their epidemic.

This mechanism will focus on countries which currently do not have any cooperative agreements that include surveillance activities (Antigua & Barbuda, Belize, Grenada, St. Kitts & Nevis, St. Lucia, St.



Vincent & The Grenadines and Suriname). The identified partner will provide technical assistance and implement surveys with input and collaboration with the MOHs. The technical assistance will involve training on population size estimates for MARPS, training on planning and implementation and assistance with the actual implementation of behavioral and biological studies for MARPS. The goal is to have countries use quality data that is generated in-country for policy, program development and reporting (epidemiological profiles and national strategic plans). Preliminary assessments will be conducted to assist in the determination of the readiness of the countries to receive assistance. Countries will be phased in based on agreed upon criteria such as readiness, estimated size of MARPS, prevalence amongst MARPS, existing surveillance capacity etc. This effort will also complement and support activities with PAHO/PHCO in surveillance system strengthening at national and regional levels.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12688	Mechanism Name: Caribbean Health Research Council
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Caribbean Health Research Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 270,000	
Funding Source	Funding Amount
GHCS (State)	270,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Use of program monitoring data and other strategic information is weak in the region. CDC established a cooperative agreement with the Caribbean Health Research Council to provide M&E training and M&E



capacity building for the 12 USG PF countries. This cooperative agreement will complement plans for country-level CDC Technical assistance in M&E Systems Strengthening and building of competencies in Data Analysis and Report Writing for program improvement, policy formulation and epidemic monitoring.

The program focuses on the development and implementation of a regional strategy for M&E Training and Capacity. A key deliverable under this mechanism will be the development of minimum standards for the M&E of HIV/AIDS programs for the Caribbean. CDC and other partners in the region will provide M&E technical assistance according to these minimum standards.

This implementing mechanism is in direct support of the USG Caribbean Partnership Framework Goal for Strategic Information (Goal 2) and Health Systems Strengthening (Goal 4). Surveillance Officers, M&E staff, Community Health Nursing staff and community health providers are the main target audience for this program.

This Cooperative Agreement will make a direct contribution to the development of regional and national-level M&E systems, including integrating health information needs for HIV/AIDS with routine data collection and reporting on other communicable and non-communicable diseases within the wider health sector.

The availability of high quality reliable data remains a cross-cutting and overarching priority. CDC will work with the Caribbean Health Research Council to achieve the results-based implementation of M&E capacity building activities, with set deliverables in Years 1, 2 and 3. Year 1 will include development and vetting of a regional M&E training strategy aligned with country, regional and PEPFAR priorities for strengthening the capacity of partner countries and Caribbean regional entities to strategically generate, collect, interpret, disseminate, and use high quality strategic information.

CDC will work in close collaboration with CHRC to ensure the efficient use of USG resources in achieving the programmatic priorities.

CHRC will report on progress towards essential level 1 indicators and additional outcome indicators on a semi-annual and annual basis via SAPR reporting.

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12688		
Mechanism Name:	Caribbean Health Research Council		
Prime Partner Name:	Caribbean Health Research Council		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	270,000	

Narrative:

Activities supported with FY08 monies will include: Development of a regional, results-based M&E training strategy for the 12 Focus Countries, followed by implementation of results oriented activities intended to achieve tangible improvements in M&E systems performance. Emphasis will be given to the linkage between training investments and improvements in data quality, and routine use of data for policy and program decision-making.

Indicator targets related to FY08 include the existence of high quality program monitoring reports for the preceding year, and development of Caribbean Guidelines for surveillance and M&E.

Activities supported with FY09 and FY10 monies will include: Implementation of regional, results-based M&E training strategy for the 12 Focus Countries, including implementation of results-based training activities to achieve tangible improvements in M&E systems performance. Emphasis will be given to the linkage between training investments and improvements in data quality, and routine use of data for policy and program decision-making.

Indicator targets related to FY09 and FY10 include the existence of high program monitoring reports for the preceding year, and use of Caribbean Guidelines for surveillance and M&E.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 12689	Mechanism Name: Eastern Caribbean Community Action Project II
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The follow on to the EC-CAP project will be awarded in late 2010. This will be a cooperative agreement between the United States Agency for International Development and a TBD partner to expand the existing EC-CAP program to 3 more countries in the OECS.

EC-CAP is based on the premise that access to HIV services for most at risk populations can be achieved through evidence-based programming, community and civil society involvement, stronger engagement with national programmes and enhanced behaviour change interventions. The goal of the Project is to increase access to HIV and AIDS services for most at risk populations through evidenced-based programming. This is achieved through undertaking participative research to inform, promote and implement effective interventions and improve services for most at risk populations (MARP).

The strategies that guide programme implementation include: 1) A combination prevention approach; 2) Promoting and implementing evidence-based interventions informed by strategic (qualitative) information, including special studies and focused data collection; 3) Providing technical assistance and monitoring and evaluation support; 4) Providing small grants to Non Governmental Organisations, Community Based Organisations, Faith Based Organisations and local entities; 5) Implementing community based rapid testing and bi-directional referral systems; and 6) Promoting access to care and support (Palliative Care) through referrals.



Central to EC-CAP is a peer-led approach, utilising Community Animator outreach workers, drawn from the target populations, to carry out one-on-one interventions with those most-at-risk of exposure to HIV.

The follow on project will target MARPS in 7 countries: Antigua and Barbuda (ANB), Barbados, St Kitts and Nevis (SKN), and St. Vincent and the Grenadines (SVG), Dominica, Grenada, and St. Lucia. This project is directly linked to Goal 1 of the Partnership Framework, “Contribute to the CRSF goal of reducing the number of new HIV infections in the Caribbean by 25% by 2013.”

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12689			
Mechanism Name: Eastern Caribbean Community Action Project II			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	REDACTED	
Narrative:			
Based on the findings from the rapid assessment to determine the scope of HIV care, treatment and support services in Antigua, Barbados, St Kitts, and St Vincent, the TBD partner will determine the models of care and support services to PLHIV that will be replicated in the remaining three OECS countries.			
The TBD partner will build capacity of civil society through grants to community-based organizations to increase the provision of palliative care to include holistic care and support for PLWHA, hospice care to terminally ill, and home-based care that includes nutritional and psychosocial support. Very moderate numbers of persons have been reached thus far, so the TBD partner will focus on increasing the CBOs'			

capacity to implement the program.

While the rapid assessment above will clearly inform the program, the TBD partner will also scale up the care and support program by:

- Review and update package of prevention for positives interventions.
- Strengthen psychosocial support skills among Animators
- Develop, adapt and pilot evidence-based interventions (POL/SISTA) in St. Kitts, informed by research findings.
- Implement recommended interventions identified through PLA exercise
- Continue to strengthen bi-directional referral networks between prevention, counseling and testing and care programs
- Work closely with CARISMA, PSI and other social marketing organizations to support continuous access to condoms
- Develop and promote the uptake of a model strategy for community based care and support
- Promote and document lessons learned in operationalizing “Buddy” system as support mechanism for Persons Living with HIV/AIDS.
- Assess role of traditional healers in responding to HIV and AIDS

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	REDACTED	

Narrative:

The TBD partner will provide technical assistance and training to MoH staff to use rapid tests and to strengthen referrals between testing services, prevention services and community care and support services. This includes training health care providers to provide non discriminatory, non stigmatising confidential HIV CT Services to MARPS; training community members (and animators) to deliver HIV testing, and to promote CT to MARPS.

During FY 2010 the TBD partner will collaborate with the Ministry of Health in Antigua to expand the network of community-based testing sites. The TBD partner and CDC will continue to collaborate with the MOH and the NAP towards the decentralization of CT and the continued roll-out CBCT using the HIV rapid test at additional sites across Antigua. A case study of the introduction and roll-out of CBCT in Antigua is being documented as a model of best practice to be shared throughout the region. This model has demonstrated how key elements of a structured HIV prevention and peer-education strategy can come together as a strong collaborative endeavor between the national authorities and civil society. This type of approach will ultimately lend itself to a much more effective and sustainable approach for this small island state and will be replicated in Barbados and St. Kitts during 2010.

To ensure that laboratories are also delivering confidential and non-discriminatory testing services, the TBD partner will produce and disseminate guidelines and protocols on non-discriminatory testing. This will include providing technical support for the development of national algorithms in Antigua and Barbados and testing of these in the community sites.

In FY 2010, the TBD partner will evaluate the model for Community Based Counseling and Rapid Testing (CBRT) and adapt and implement CBRT in 3 additional countries.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	REDACTED	

Narrative:

Scale up of activities for the follow on award will include:

- **Joint programming Initiatives:** In close collaboration with local entities, such as national Government line ministries, NAPs, NAC all regional coordinating AIDS agencies (CCNAPC, PANCAP, PHCO, CRN+, PSI, CCC, CDC, OECS) and stakeholders on each island, the TBD partner will build on existing partnerships with stakeholders and donors to facilitate effective programming, with appropriate technical expertise, and to improve alignment with national programming and policy geared towards addressing gaps in existing national responses. The TBD partner will also strengthen the relationship between animators and NPAs to facilitate improved collaboration, referrals, and sensitization on MARP issues. This includes integrating/mainstreaming the outreach workers into national and local entities.
- **Sharing of high quality MARPs specific data and information:** The TBD partner will support data collection and dissemination at the national level for integration into NAPs systems.
- **Promoting an integrated peer-based model for prevention and service delivery for MARP:** The move towards utilising an integrated Behaviour Change approach, rather than an information dissemination approach, has enabled Animators to better support individuals along a change continuum. As a result of this accurate identification of the stage the individual is at, Animators are better able to deliver appropriate support and interventions using IPC to provide multiple HIV risk reduction information and referrals. The TBD partner will continue this peer-based approach in the follow-on award.
- **Disseminating best practices:** The TBD partner will synthesize evaluation findings, lessons learned and make key recommendations for programming targeting hard-to-reach and hidden populations.

One of the key cross-cutting focal areas for the TBD partner will be advocacy and leadership interventions for MARPS to ensure effective representation and reduce stigma and discrimination. The



TBD partner will continue sensitization and training of key decision makers on MARP issues, thus promoting the need to incorporate MARP representatives in decision making process.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12691	Mechanism Name: Strengthening Health Outcomes Through the Private Sector (SHOPS)
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID/Barbados & the Eastern Caribbean (USAID/B&EC) plans to use a TBD USAID field support mechanism to increase the participation and integration of the private and commercial sector as vital components of a sustainable multi-sectoral response to HIV/AIDS across the region. In 2005 the Pan Caribbean Business Coalition Against AIDS was established to encourage and foster the greater involvement of the private sector in support of the HIV/AIDS efforts across the region. To date there has been limited tangible evidence of increased and sustainable support for HIV related initiatives from the private and commercial sectors, either at the national or regional level. Private sector led AIDS Foundations have been established in 5 countries: Barbados, Bahamas, Belize, Jamaica and Suriname. These have been somewhat successful in engaging the private sector and creating a greater awareness of the role that it plays re: the establishment of HIV/AIDS workplace policies through the tripartite collaboration of the governments, the private sector and the trade unions with the technical and financial



assistance of the International Labor Organization (ILO); and sensitization of HIV related stigma and discrimination.

Some examples of PPP across the region that the TBD partner could build upon include:

- Large telecommunication providers DIGICEL and LIME have provided support to one-off activities, such as supporting special IEC events and mass media awareness promotions;
- Scotia Banks across the region team up annually with the Ministries of Health, the Pan Caribbean Partnership Against HIV/AIDS and the Caribbean Broadcast Media Partnership for a regional HIV testing day;
- Jamaica AIDS Support for Life has a long standing relationship with the private sector which has included partnerships with Shell Petroleum Company, CGM Insurance and the University of the West Indies in support of various activities.

However, there is a need for a more sustainable strategy to integrate the private sector in the on-going, strategic planning, development and implementation of national HIV/AIDS responses across the region.

Under the PF USAID/B&EC will seek to provide technical assistance to facilitate an increased role for the private sector across the region by fostering greater public, private partnerships (PPPs) within the national and regional HIV/AIDS responses. The ultimate goal will be to strengthen the overall health outcomes through the sustainable provision and use of quality HIV and other health related information, products and services.

To harness and direct private sector efforts to achieve desirable health outcomes in HIV/AIDS and other health areas, the mechanism will be utilized to provide technical assistance to:

- Conduct an assessment of the private sector and their contribution to the HIV/AIDS response;
- Develop and facilitate the development of sustainable public-private partnerships;
- Facilitate the strengthen of global support for state-of-the-art PPP models, approaches and tools.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	12691		
Mechanism Name:	Strengthening Health Outcomes Through the Private Sector (SHOPS)		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	REDACTED	

Narrative:

This is a new activity which will seek to respond to the need for greater emphasis on multi-sectoral engagement in efforts to sustain investments in the HIV/AIDS response in the Caribbean region. The US-Caribbean Regional Partnership Framework (PF), being a five year technical assistance model, has at its core the desire to ensure that the region strives towards greater sustainability and integration of HIV/AIDS efforts across all sectors.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 16309	Mechanism Name: University of the West Indies
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of the West Indies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 400,000	
Funding Source	Funding Amount
GHCS (State)	400,000

Sub Partner Name(s)



(No data provided.)

Overview Narrative

The Caribbean Health Leadership Institute (CHLI) based at the University of the West Indies, Mona Campus, Jamaica was established in 2008 in response to an identified need to strengthen the skills, competence and effectiveness of individuals who are leaders in the health sector and particularly those who lead HIV/AIDS programs. CHLI targets established and emerging leaders from all PEPFAR participating countries in the Caribbean. The Institute is patterned after the successful US National Public Health Program and has strong supportive relationships and linkages with CDC, University of North Carolina and the Center for Creative Leadership.

CHILI has been supported financially through a Cooperative Agreement: Grant Number 1U2GPS000930-02 with CDC for 5 years, 2008-2012. The program, designed to train 5 cohorts of leaders in the Caribbean region, supports the goals of the PF by aiming to strengthen health systems and develop human capacity to optimize efficiency and effectiveness of health service delivery, as well as contribute to sustainability of health programs. In an environment of limited human and financial resources, and socio-economic challenges competent, visionary leaders will be better able to determine appropriate policies and priorities in health care, and mobilize resources and manage resources. Twenty three scholars have already graduated from the program and the second cohort of 25 persons from 12 Caribbean countries will graduate in March 2010. Graduates have formed the CHLI Alumni, the aim being to foster lifelong commitment to learning and practicing effective leadership habits applicable to health settings. CHILI places strong emphasis not only on personal and professional development of scholars but also the enhancement of performance of health teams in which they work.

Sustainability is a key issue for CHLI and discussions are ongoing to determine appropriate strategies for increasing financial resources. Proposed strategies include partnerships with the private sector, increased financial support to scholars from their governments, more innovative, creative and cost-effective ways to deliver the program, and greater collaboration with regional and international partners.

The first evaluation of CHLI specifically to determine utilization of graduates and the impact of their training in the areas where they work will be completed and a report ready for dissemination by end of June 2010. The University of North Carolina is assisting with this evaluation.

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 16309			
Mechanism Name: University of the West Indies			
Prime Partner Name: University of the West Indies			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	400,000	

Narrative:

The CHLI curriculum is delivered over a period of eleven months through a combination of monthly web-based seminars (webinars), two 3-day residential retreats, and Action Learning Projects carried out in small groups (4-5 persons) under the guidance and supervision of assigned mentors. The existing Cooperative Agreement provides funding for 5 cohorts of scholars from 2008-2012. The activities of the CHLI project include:

1. Contribute to the further development of individual leadership knowledge, skills and practice among persons working in Caribbean countries' health systems, particularly persons working in national and regional HIV programs and or are able to influence policies and program development
2. Influence creation of a lifelong learning leadership network. The CHLI Administrative Office will continue to provide a communication platform for the Alumni Network by providing access to Adobe Connect software at no cost to its members, by providing access to learning materials related to leadership and management as well as contemporary materials relevant to HIV and other health conditions, by pointing alumni to online sources of relevant information and by facilitating linkage with leadership learning networks outside of the Caribbean.
3. Build and support the cadre of mentors who will work with successive groups of CHLI scholars: The CHLI leadership will invite suitably persons from among the first and second cohorts of scholars to serve as mentors during the third annual CHLI course. Formal mentorship training will be provided for those persons as well as for a small number of individuals who are already serving in this role.

M&E: Number of institutions and countries using standardized HIV/AIDS and training curricula and competency standards for HIV-related service delivery



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 16313	Mechanism Name: Ambassadors Prevention Program
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: US Embassies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefiting Countries: None.

Total Funding: 300,000	
Funding Source	Funding Amount
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ambassadors' HIV Prevention Program was initiated in 2002 and all Caribbean based U.S. Ambassadors are invited to participate. The program promotes HIV/AIDS awareness and behavior change amongst the general population. US Embassies that will receive FY10 funding to implement this program are: 1) Belize, 2) Bahamas, 3) Barbados, 4) Jamaica, 5) Trinidad and Tobago, and 6) Suriname. The Ambassadors' HIV Prevention Program supports projects at the community level often targeting difficult to reach and vulnerable populations such as MSM, CSW, youth and prison inmates. Projects are implemented in collaboration with Ministries of Health, Ministries of Education, NGOs, CSOs and faith-based organizations. Each Embassy is encouraged to select a project focus and common theme for the program's activities. Embassies are allowed discretion when soliciting and setting criteria for selection, however, all projects must be approved by the Ambassador. Programmatic and technical assistance is provided by CDC Caribbean Regional Office. This program provides Ambassadors with an opportunity to use their considerable influence to increase community awareness and advocate for action at both the community level and within the national governments.



The Ambassadors' HIV Prevention Program will contribute to the Partnership Framework goal of reducing HIV incidence in the Caribbean by 25% by 2013 through community level behavior change outcomes. The program will also contribute to capacity building of local organizations by strengthening their ability to receive and track USG funds and implement activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 16313			
Mechanism Name: Ambassadors Prevention Program			
Prime Partner Name: US Embassies			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	140,000	

Narrative:

The Ambassadors' HIV Prevention Program will provide a total of \$300,000 in FY10 funds to community-based organizations through small grants. US Embassies that will receive FY10 funding to implement this program are: 1) Belize, 2) Bahamas, 3) Barbados, 4) Jamaica, 5) Trinidad and Tobago, and 6) Suriname. \$140,000 will support activities focused on abstinence, faithfulness and delay of sexual debut. Proposals for small grant funds will be evaluated based on feasibility, organizational capacity to receive funds and implement the proposal, and projected outcomes. The target population for these AB activities will be youth and adults; further specifics of the target population and activities will depend on the proposals received and selected. Illustrative examples of the types of approaches which may be funded include:

- Skills-based sex and AIDS education programs in schools and through after-school programs.
- Youth peer outreach for HIV prevention and curriculum-based programs for out-of-school youth.
- Youth-oriented, mass-media and educational entertainment programs that can encourage youth to think



about HIV prevention, and to influence knowledge, attitudes, behaviors and norms.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	160,000	
Narrative:			
<p>The Ambassadors' HIV Prevention Program will provide a total of \$300,000 in FY10 funds to community-based organizations through small grants. US Embassies that will receive FY10 funding to implement this program are: 1) Belize, 2) Bahamas, 3) Barbados, 4) Jamaica, 5) Trinidad and Tobago, and 6) Suriname. \$160,000 will support activities focused on condom use and risk reduction. Proposals for small grant funds will be evaluated based on feasibility, organizational capacity to receive funds and implement the proposal, and projected outcomes. The target population for these OP activities will be youth and adults; further specifics of the target population and activities will depend on the proposals received and selected. Illustrative examples of the types of approaches which may be funded include:</p> <ul style="list-style-type: none"> -Targeting men to proactively change harmful gender norms that support and encourage multiple partnering, concurrent partnerships, cross-generational sex, and the lack of condom use. -Encourage discordant couples to use condoms consistently and correctly to protect the HIV-negative partner from becoming infected, as well as to limit outside partners. - Encouraging the general population, including couples, to reduce their sexual risks and learn their HIV status. Programs should provide or refer to confidential counseling and testing as well as linkages to care for infected individuals. 			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 16317	Mechanism Name: Fun4Kidz
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Fun4Kidz	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 100,000	
Funding Source	Funding Amount



GHCS (State)	100,000
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

Fun4Kidz is a tax-exempt, non-profit charitable organization providing educational and athletic after school activities for at-risk youth in Miami, Florida and Kingston, Jamaica.

This grassroots children's charitable organization programs activities that enhance the educational advancement and physical and emotional well being of at risk youth ages 12-17. The project will reach 375 students from five low performing schools in five selected high schools in Kingston to improve literacy and numeracy through the use of sports. The program, combines tutoring (with a focus on enhancing literacy) and extra curricular activities (track and field, soccer, and, basketball), to facilitate improvement in the students' reading, writing and mathematics skills. With the addition of \$50,000 in FY08 PEPFAR funding, the program will provide these students with comprehensive HIV prevention education. This activity fits within the CRPF Objective 1.1 to build capacity to effectively implement comprehensive HIV prevention strategies. This activity also supports USAID/Jamaica's strategy of targeting at-risk adolescents in a holistic manner to prevent the spread of HIV.

This is a wrap-around program with Education funding which will split fund this activity in the first year. The program addresses the cross-cutting issue of education and will achieve cost-effectiveness through the use of existing PEPFAR-developed materials. If additional FY2010 funding is received, the program will be able to greatly expand its reach to all students in the five selected schools, not just the 375 originally selected beneficiaries. Each of the five schools is located in low-income, disadvantaged areas and has on average 800 students, for a total population reach of 4,000 high school students. The program will strive for sustainability by training teachers to effectively use the Ministry of Education's Health & Family Life Education materials and introduce new PEPFAR-developed HIV prevention materials that can be used for a low-literacy audience. The program will use baseline and endline surveys to measure students' knowledge and attitudes before and after the intervention. The partner will share the results from Year 1 with the Ministry of Education and other relevant partners to discuss the possibility of adopting and expanding the Fun4Kidz approach of reaching low-literacy, at-risk youth with HIV education and services.

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 16317			
Mechanism Name: Fun4Kidz			
Prime Partner Name: Fun4Kidz			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	

Narrative:

The program will utilize the life skills curriculum already developed by the Ministry of Education entitled Health & Family Life Education (HFLE) and will also incorporate HIV prevention materials developed under PEPFAR in other countries to supplement the existing materials. The HFLE curriculum has four themes - sexuality and sexual health; self and inter-personal relationships - which deal with appreciation of self and others and building healthy relationships with others; appropriate eating habits and fitness; and proper management of the environment. The program will provide messaging on abstinence, delay of first sex, and the benefits of maintaining a monogamous relationship. This program is school-based and thus cannot distribute condoms. However, the program will provide referrals to other health services if an adolescent wishes to receive HIV counseling and testing or meet with a guidance counselor to discuss other issues in private. The addition of PEPFAR developed materials and new entertaining activities will better engage youth in learning about reducing their risk for HIV. One example of a Fun4Kidz activity involves sharing the story of Magic Johnson so that young people can relate to how HIV can affect even famous athletes.

The Fun4Kidz program plans to reinforce the connection between health and education. It aims to reduce youth vulnerability to health risks, especially HIV/AIDS, by strengthening the Healthy Family Life Education (HLFE) program in the selected schools to enable youth to make more informed choices. Fun4Kids will introduce HIV activities through role play and existing PEPFAR materials. They will use sections of the HFLE as well as PEPFAR-developed curriculum to reinforce information on abstinence, sexuality and HIV/AIDS. The information will be introduced by taking into account their level of development and learning competencies. The program will also rely on sports and edu-entertainment approaches to reach these high-risk youths in a school setting.



If additional FY2010 funding is received, the program will be able to greatly expand its reach to all students in the five selected schools, not just the 375 originally selected beneficiaries. Each of the five schools is located in low-income, disadvantaged areas and has on average 800 students, for a total population reach of 4,000 high school students.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 16326	Mechanism Name: Regional Laboratory Procurement
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: REDACTED	
Funding Source	Funding Amount
Redacted	REDACTED

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to procure equipment and equipment maintenance service contracts to support uninterrupted clinical laboratory monitoring of HIV/AIDS patients

Developing tiered laboratory referral systems and hubs for the entire Caribbean region will entail a complete review of the current equipment pool. This review will involve equipment purchase and replacement as well as preventative and curative maintenance to guarantee quality results and long-term cost effectiveness.



This implementing mechanism is in direct support of the USG Caribbean Partnership Framework Laboratory System Goal 3, Objective 3.2: Improve laboratory services and systems, sub-objective 3.2.3: Procurement, service contracts and LIS). USG will support procurement and service contracts for the National Reference Laboratories of all the twelve countries within the Partnership Framework and will therefore, ensure that all laboratories will have functional equipment that is well-maintained, Clinton Foundation will provide technical support to laboratory staff on effective management of the procurement system and will therefore complement this mechanism to promote sustainable laboratory services and systems.

This mechanism will be monitored by the number of laboratories with well established service contract and number of times that reagents were ordered and received in the laboratory within the stipulated turnaround time.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 16326			
Mechanism Name: Regional Laboratory Procurement			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	REDACTED	
Narrative:			
Funds are being reprogrammed from HSS/CDC to USAID SCMS to procure laboratory equipment for 12 countries while the rest of the money will stay with HSS/CDC and used to pay for service contracts through HQ mechanism.			



In order to ensure timely and accurate HIV testing and clinical patient monitoring, laboratories must have proper equipment that is well-maintained. In the Caribbean Region, and particularly in OECS countries, there are significant challenges with the testing and reporting of results, due in part to limited CD4 capacity. The USG will work with a TBD partner to purchase six CD4 machines; one each for the six OECS countries. There is a need to expand laboratory capacity in Jamaica to meet needs for growing care and treatment centers. Therefore, the TBD partner will purchase two CD4 machines to be located in rural health facilities.

In order to best equip all 12 countries, the TBD partner will purchase 12 fluorescent microscopes to support planned enhanced TB diagnostic support and 12 minus 80 degree freezers to support sample storage and shipment;. He/she will be responsible for purchasing HIV rapid test kits to be used for national algorithm development, training and rolling out of HIV rapid testing in the following countries: Jamaica, Suriname, Belize, St Kitts and Nevis, Grenada, Antigua and Barbuda and St Vincent and the Grenadines. Similar support for the rest of the countries (Bahamas, Dominica, Trinidad and Tobago, St Lucia and Barbados) will be through individual cooperative agreements.

The TBD partner will collaborate with the Clinton Foundation and ministries of health of the 12 countries to identify a service engineer and to purchase preventative and service contracts for CD4, hematology, and clinical chemistry equipment. . These contracts will address issues such as preventive maintenance, troubleshooting and calibration of laboratory. Broken machines will be repaired and spare parts will be changed to prevent and minimize service interruption. The service engineer will provide technical assistance in developing standard operating procedures for use during instrument operation, developing preventative maintenance and maintenance logs, and training of staff.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 16355	Mechanism Name: Workplace program MLSS
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Ministry of Labor and Social Security (MOLSS)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.



Total Funding: 100,000	
Funding Source	Funding Amount
GHCS (USAID)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ministry of Labour and Social Security is a key stakeholder having the mandate for the protection of the labour force. In this endeavour the Ministry of Labour and Social Security has responsibility for the development and implementation of the National Workplace Policy on HIV and AIDS. The Ministry is pursuing the drafting of HIV Regulations that are to be placed under the proposed Occupational, Health and Safety (OSH) Act to enhance compliance and conformity. In pursuant of the above, the Ministry is seeking assistance in finalizing these instructions and procuring consultancy services to conduct public consultations and raise public awareness on the policy.

In addition, in conformance with the requirements of the National Workplace Policy on HIV and AIDS, the Ministry has also developed its own Life Threatening Illness (LTI) Policy. This policy addresses the Ministry's approach to the treatment of persons with Life Threatening Illnesses including HIV and AIDS. HIV and AIDS is one of the most recent Life threatening illnesses.

The Ministry of Labour and Social Security has created a Voluntary Compliance Programme (VCP). This programme has brought to the fore some of challenges and limitations in the deployment of the Voluntary Compliance. Assistance is being sought that will serve to raise the profile of the awards programme, as not only a management and safety tool but also as a valuable marketing tool that will increase competitive advantage and enhance production and productivity.

This activity supports the Partnership Framework by addressing legislative, regulatory, and policy changes to reduce stigma and discrimination, especially focused on enabling populations at elevated risk of infection to access and use HIV prevention-related services without fear of violence, loss of confidentiality, or discrimination. With a small amount of PEPFAR funding, the MLSS will be able to roll out the policy and strengthen the overall health system by ensuring that health care providers receive and understand this policy as well.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 16355			
Mechanism Name: Workplace program MLSS			
Prime Partner Name: Ministry of Labor and Social Security (MOLSS)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
Narrative:			
<p>Funding will be used to i) increase public understanding and acceptance of the National Workplace Policy on HIV and AIDS ii) to document the processes for the implementation of the MLLS Life threatening Illnesses policy iii) to develop promotional materials to support the dissemination of the National Workplace Policy.</p> <p>The Ministry will devise strategies for approaching suitable small and informal businesses and organizations to address the management of HIV/AIDS in their respective workplaces. The Ministry will also host awards ceremonies to showcase companies who are conforming to the workplace policy, and will train auditors who conduct audits of companies and assess compliance with respect to the workplace.</p> <p>This activity will have a national coverage and can be used as an example for the rest of the Caribbean region. With PEPFAR assistance, the MLLS plans to reach at least 30 companies with the new policy. USAID will also explore with the MLLS and the private sector, the possibility of using mobile testing and counseling in the workplace setting to encourage employees to know their status. Global Fund monies can be used for such an activity.</p>			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 16363	Mechanism Name: PANCAP Core
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Caribbean Community (CARICOM)/Pan-Caribbean Partnership against HIV/AIDS (PANCAP)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 300,000	
Funding Source	Funding Amount
GHCS (USAID)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The defined mandate of the Pan-Caribbean Partnership against HIV/AIDS (PANCAP), executed by the Caribbean Community (CARICOM), is to manage and coordinate the regional response to HIV and AIDS. This done through the mechanism of the Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) and includes coordinating the work of PANCAP partners, monitoring the implementation of programs/projects, and reporting on results. The USG continues to support the CRSF and efforts to harmonize this expanded regional response to the epidemic in the Caribbean. The strategic priorities for PANCAP over the next five years are articulated in the new CRSF (2008-2012), focusing on the central issues of fostering an enabling environment to achieve universal access to HIV/ AIDS-related services, capacity development, monitoring and evaluation, and research. The CRSF articulates the vision and collective priorities of Caribbean governments through their membership CARICOM and their support for PANCAP. The US-Caribbean Partnership Framework is designed in alignment with the national HIV and AIDS strategic plans of each partner country and with the CRSF.

In FY 2010, CARICOM/PANCAP will continue to advance take programmatic implementation of the new CRSF strategic priorities, including: providing technical assistance to national governments and regional organizations in accelerating access to HIV and AIDS prevention, treatment, care and support services; developing policies, guidelines, and legislation to reduce stigma and discrimination against people living



with HIV/ AIDS and other vulnerable groups; promoting adoption of model policies and implementation of workplace programs; and upgrading and maintaining the PANCAP website as a mechanism for sharing information with partners and the public. Several of these activities will be facilitated by resources provided through PANCAP's successful Round 9 Global Funds (GF) grant. These grant resources however, only provide support for a subset of the CRSF activities and only in relation to 16 of the 29 PANCAP member countries, 12 of which align with the PF. The GF grant also does not provided resources to facilitate PANCAP's core mandate of coordination of its programmatic activities which will move all 29 countries of the region towards a more cohesive and effective approach to fighting the AIDS epidemic.

CARICOM/ PANCAP continues to be recognized and supported as the lead entity with the defined mandate to manage and coordinate the collaborative regional response to HIV and AIDS and receives financial support from both CDC and USAID to accomplish this objective. The completion of the new CRSF 2008-2012, the successful award of a new Global Fund grant and the review and reorganization of its organizational structure and hiring of new staff are all positive accomplishments which the USG support has been instrumental in facilitating. These achievements build on the achievements of the first CRSF while addressing the weaknesses identified in its evaluation of the same. They also draw on lessons learned both from the region and international experiences in addressing HIV/AIDS. The CRSF strategies are designed to create an enabling social and policy environment, grapple with the thorny issues of stigma and discrimination and gender, to track and report on donor contributions, national and regional organizational HIV/AIDS prevention efforts and to fuel a mechanism for ongoing strategic communication among regional stakeholders. The financial and technical support of the USG and other donor partners will help to ensure that PANCAP continues to execute this role.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 16363



Mechanism Name: PANCAP Core			
Prime Partner Name: Caribbean Community (CARICOM)/Pan-Caribbean Partnership against HIV/AIDS (PANCAP)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	
Narrative:			
CARICOM/ PANCAP continues to be recognized and supported as the lead entity with the defined mandate to manage and coordinate the collaborative regional response to HIV and AIDS and receives financial support from both CDC and USAID to accomplish this objective.			

Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

1. Redacted
2. Redacted
3. Redacted
4. Redacted
5. Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				88,000		88,000
ICASS				285,000		285,000
Management Meetings/Professional Development				70,955		70,955
Non-ICASS Administrative Costs				4,738	59,062	63,800
Staff Program Travel				161,900		161,900
USG Staff Salaries and Benefits					935,938	935,938
Total	0	0	0	610,593	995,000	1,605,593



U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		88,000
ICASS		GHCS (State)		285,000
Management Meetings/Professional Development		GHCS (State)		70,955
Non-ICASS Administrative Costs		GHCS (State)		4,738
Non-ICASS Administrative Costs		GHCS (USAID)		59,062

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				30,000		30,000
Management Meetings/Professional Development				10,000		10,000
Non-ICASS Administrative Costs				10,000		10,000
Staff Program Travel				50,000		50,000
USG Staff Salaries and Benefits				75,000		75,000
Total	0	0	0	175,000	0	175,000



U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		30,000
Management Meetings/Professional Development		GHCS (State)		10,000
Non-ICASS Administrative Costs		GHCS (State)		10,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				102,960		102,960
Computers/IT Services				60,158		60,158
ICASS				208,457		208,457
Non-ICASS Administrative Costs				150,000		150,000
Staff Program Travel				270,000		270,000
USG Staff Salaries and Benefits			1,500,000	693,625		2,193,625
Total	0	0	1,500,000	1,485,200	0	2,985,200

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security		GHCS (State)		102,960



Cost Sharing				
Computers/IT Services		GHCS (State)		60,158
ICASS		GHCS (State)		208,457
Non-ICASS Administrative Costs		GHCS (State)		150,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				2,000		2,000
Peace Corps Volunteer Costs				620,000		620,000
Staff Program Travel				3,000		3,000
USG Staff Salaries and Benefits				25,000		25,000
Total	0	0	0	650,000	0	650,000

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		2,000